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ABSTRACT

Intended to assist instructors who wish to conduct a training course for emergency medical technicians (EMTs) serving as dispatchers, this document contains detailed lesson plans organized to structure course presentations. Each lesson plan includes the following elements: unit objectives; suggestions for adapting the lessons to local policies and conditions; information and instructions related to course content; and review exercises. Test materials that have been keyed directly to the course objectives are also included. The lesson plans are designed to accompany a two-part training course developed to prepare individual EMTs to operate a telecommunications base station. Part 1 of the course covers the skills and knowledge needed to perform the basic duties required for allocating appropriate emergency medical resources to the scene of each emergency. (Two other documents accompany this set of instructor's lesson plans: a study guide and a course guide for the coordinator or administrator.) (BM)

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ED150303

U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

Training Program For
Emergency Medical Technician:

2 DISPATCHER

Instructor Lesson Plans

U S DEPARTMENT OF HEALTH,
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November, 1976 Washington, D.C.

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Preface

The goal of the National Highway Traffic Safety Administration (NHTSA), Department of Transportation, pursuant to the Highway Safety Act of 1966 and the Emergency Medical Services Standard 11, has been to develop, upgrade and professionalize the prehospital emergency medical care system, enhance its life-sustaining quality, encourage its establishment where it does not now exist, and achieve complete system development. This required giving attention to the four major components or objectives of this system, namely administration, personnel, equipment and communications. Communications is the means by which the system becomes a cohesive, efficiently functioning entity providing prompt response and optimum care to the emergency victim. To be fully complete and contributive, it must also enhance the entry of the victim into the system. For this reason the dispatcher function is being emphasized and enhanced through training to add an additional dimension to the communications need for emergency identification, reporting and response. Consequently, the Administration has devoted special effort to plan, develop, and provide the communications component or sub-system structure necessary to achieve the above objectives. This dispatcher training course is a part of the total planned program of emergency service communications development. It is the recommendation of the Administration that it receive extensive use and further enhance the care of the emergency victim as well as aid the communications needs of Highway Safety Standards 15, "Police Traffic Services" (PTS), and 16, "Debris Hazard Control and Cleanup" (DHC&C). This course is also being identified with the National Emergency Aid Radio (NEAR) system of the total DOT EMS communications effort.

Foreword

The Highway Safety Act of 1966 recognized the importance of emergency services and required that a standard be developed to cover this aspect of highway safety. As a result, Highway Safety Program Standard No. 11—Emergency Medical Services, was promulgated on 27 June 1967. The standard identified eight specific requirements of a minimal program, the first of which states: "There are training, licensing,and related requirements (as appropriate) for ambulance and rescue vehicle operators, attendants, drivers, and dispatchers."

In response to this requirement the National Highway Traffic Safety Administration (NHTSA) has supported the development of training materials for Emergency Medical Services (EMS) functions. Already prepared are a Basic and an Advanced Training Program for Emergency Medical Technicians—Ambulance. In response to the requirement for the training of dispatchers, NHTSA published a brief Instructor's Guide for dispatcher training in 1972. Experience resulting from that 1972 publication demonstrated the need to expand and amplify the original guide. Thus, further development of training materials and the preparation of a job-related, standardized curriculum package for the training of dispatchers was undertaken.

The dispatcher occupies a critical position within Emergency Medical Services. He serves as the primary point of contact with the public being served. He provides a channel for communications among elements of the EMS system and between EMS elements and other public safety units. As noted in The Associated Public-Safety Communications Officers, Inc. Standard Operating Procedure Manual,[1] the adoption of standardized methods and signals ". . . would mean a substantial increase in Public Safety departmental efficiency and interdepartmental cooperation." By communicating effectively the dispatcher can significantly reduce the frequency of death and the severity of residual disabilities resulting from accidents.

Considering the importance of the dispatcher's functions, one would expect him to be well trained—in the fashion of the air-traffic controller. Comprehensive training programs have been developed for several important elements of the EMS, including Crash Injury Management and Ambulance Emergency Medical Technicians. Yet the dispatcher, a necessary interface between these and other elements of the system, is still often trained on the job by the "buddy system" or by listening to a supervisor overview the job. Undoubtedly this situation degrades the performance of the entire EMS system.

Several unfortunate consequences result from the prevalent informal nature of dispatcher training:

1. The dispatcher is slow in reaching the accepted level of job mastery.

2. The dispatcher does not reach as high a level of job mastery as would be possible with more structured training.

3. The procedures that are learned on the job may be far from optimal. Their quality depends upon the talents of the models being emulated.

4. The range of situations the dispatcher has encountered or has been told about may be too small to enable him to cope with the less frequent and more complex types of emergencies.

This EMT training course was developed in response to the urgent need for a job-related, standardized package of instruction for the emergency medical dispatcher.

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[1]The Associated Public-Safety Communications Officers, Inc. *Public Safety Communications Standard Operating Procedure Manual.* New Smyrna Beach, Florida: Author, November 1974. (Revised Edition)

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Introduction to Dispatcher Roles and Responsibilities	I-A
Telecommunications Equipment	I-B
Operating Procedures and Techniques	I-C
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Capabilities and Limitations of Local Medical Facilities	II-B
Allocation of Resources	II-C
Providing Emergency Care Instructions	II-D
Practice	II-E
Disaster Procedures	II-F

Introduction

The purpose of this document is to assist you, the instructor, in conducting a training course for Emergency Medical Technicians (EMTs) who will serve as dispatchers. The course is in two parts. The first part of the course is general enough to serve as an introduction to dispatching for non-EMTs who will perform vehicle dispatching for any public safety service. The second part of the course is geared to training EMTs to dispatch medical resources appropriately.

This document contains detailed lesson plans organized to structure your presentation along lines that adhere to effective pedagogical principles. It indicates where the content should be adapted to reflect local policies and conditions; it contains numerous practice exercises which students accomplish during each unit; it provides test materials (keyed directly to the course objectives) for use at the end of each part of the course.

Objectives and Scope Of The Course

This course has been developed to prepare individual Emergency Medical Technicians (EMTs) to operate a telecommunications base station for the purpose of allocating community emergency services and resources in response to requests from the general public or from public safety units. The full course (Parts I and II together) is intended for those individuals who will have the day-to-day responsibility for allocating emergency medical resources to victims of trauma, whether they work at a 911 Center, a hospital, a police desk, a sheriff's office, or any other location.

Part I of the course covers the skills and knowledge needed for performing the basic duties required of any dispatcher. Part II covers the specific skills and knowledge required for allocating appropriate emergency medical resources to the scene of each emergency. Although there are no prerequisites for students entering Part I, the Part II materials assume students have completed Part I (or equivalent) and the 81-hour Basic Emergency Medical Technician—Ambulance course prepared by the National Highway Traffic Safety Administration.

Thus, students completing Part II will be specialists qualified to handle basic dispatching functions as well as emergency medical dispatching functions. However, they will not be specifically prepared for handling other specialty dispatcher functions, such as police or fire dispatching, even though many of the basic dispatching functions are equivalent across specialties.

The total course consists of eleven units of instruction. Part I, Basic Dispatcher Materials, consists of the following five units:

I-A	Introduction to Dispatcher Roles and Responsibilities
I-B	Telecommunications Equipment
I-C	Operating Procedures and Techniques
I-D	Eliciting Information from Callers
I-E	Practice

Part II, EMT Dispatcher Materials, consists of the following six units:

II-A	EMT Dispatcher Roles and Responsibilities
II-B	Capabilities and Limitations of Local Medical Facilities
II-C	Allocation of Resources
II-D	Providing Emergency Care Instructions
II-E	Practice
II-F	Disaster Procedures

The following are general objectives that the course is designed to fulfill:

1. To teach the role and responsibilities of public-safety dispatchers and, in particular, Emergency Medical Technician dispatchers.

2. To develop communications skills which enable the dispatcher to handle message traffic in a prompt, accurate, courteous, and professional manner, so as to provide the utmost assistance to trauma victims and the emergency services that aid them.

(CONTINUED)

3. To teach operation of the equipment that dispatchers handle.

4. To develop knowledge and awareness of the emergency services that are available, their capabilities and limitations, and their geographical location.

5. To teach allocation of resources in the dispatching of emergency medical units, by application of the appropriate decision rules.

6. To teach local policies, forms, and standard operating procedures relating to mobilization, management, and coordination of resources.

Specific objectives for each unit of the course are presented at the beginning of the lesson plan for each unit.

Instructor Qualifications

This training program has been designed to be delivered by one instructor, although additional instructors may be required in some communities. As an instructor you should be experienced both as a telecommunications operator and as an Emergency Medical Technician. You may have worked as a dispatcher for police, EMS, fire, hospital, Civil Defense, highway maintenance, forestry/conservation, or ambulance service units. You should have satisfactorily completed the U.S. Department of Transportation's Basic Training Program for EMT—Ambulance or equivalent training, but you need not meet the qualifications imposed upon instructors of the latter course. Experience and competence as an instructor will help if you have them. You should be thoroughly knowledgeable about the dispatching environment that the trainees are preparing to enter (geography, local policies, local jargon, equipment, etc.). You should be knowledgeable about the legal constraints under which Emergency Medical Technicians operate—including "Good Samaritan" laws and local legal precedents. You should be totally proficient in the skills you are to convey. As a thoroughly qualified instructor you will have little or no difficulty in presenting this course when supported by these Lesson Plans and the Student Study Guides.

Text and References

The text, *The Public Safety Communications Standard Operating Procedure Manual*, is recommended as the primary reference for the course. You should have your own copy and each student should be provided with a copy. In addition, you should have a copy of Volume V of the *Federal Communications Commission's Rules and Regulations*, available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The references for the text and other valuable references are listed on the next page. Many useful publications are presently available. This list represents only the ones most pertinent to the present course.

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U.S. Department of Transportation, National Highway Traffic Safety Administration. *Basic Training Program for Emergency Medical Technician —Ambulance. Course Guide and Course Coordinator Orientation Program.* Washington, D.C.: Author, October 1969. Revised December 1976.

U.S. Department of Transportation, National Highway Traffic Safety Administration. *Basic Training Program for Emergency Medical Technician–Ambulance, Instructor's Lesson Plans.* Washington, D.C.: Author, October 1969. Revised December 1976.

The Basic Text

The Associated Public-Safety Communications Officers, Inc. *Public Safety Communications Standard Operating Procedure Manual.* New Smyrna Beach, Florida: Author, November 1974. (Revised Edition)

Format of the Lesson Plans

Each unit description within this guide begins with a listing of major topic headings, the objectives of the unit, and the required instructor preparation and handouts. Next comes the content of the unit. The Instructor Lesson Plans are in a two-column format. The left-hand "content" column shows you what the student is reading in the Student Study Guide. In addition to providing basic information about the dispatcher's job, the content column contains many questions and example situations which the students are expected to work on. The right column is addressed to you as the instructor. It contains the following kinds of information:

1. Suggestions for what you should tell the students in order to clarify the points in their Guide. These instructor comments appear in italics.

2. Possible answers to questions or problems posed for the students.

3. Suggestions for how to present the materials (e.g., list on the chalkboard, lead a discussion).

4. Indications that you should present information about local conditions, practices, and procedures. The points at which you need to prepare customized materials are in bold type.

Preparation for Administration

Although, as an experienced instructor you will have no difficulty in presenting the course, a good deal of effort must go into getting instructional resources ready.

Equipment and Materials—You must make certain that the course administrator has procured and provided the following items in sufficient quantities to accommodate the class size:

Chalkboard with chalk or flipchart with grease pencils or felt-tip markers.

Tape recorders (stereo)—one for every two students.

Student Study Guide—one for each student.

All reference-type performance aids that graduates of the course would use on the job. This includes such references sources as locator maps, street directories, and telephone cross-reference files. A complete set for each student to use during practice would be optimal.

Copies of all forms that the graduate dispatcher may have to fill out. Each student should have 25 copies of each form.

In addition, the class should have access to a control console to be used during instruction on equipment nomenclature and operation. An out-of-service console would do nicely. If an actual console is unavailable, either an operating or mock-up type simulator should be procured.

The equipment and materials required in each unit are listed ahead of the lesson plan for that unit (on the Instructor Preparation Page).

Customization Requirements—The job of EMT—Dispatcher differs widely from one location to another. Thus, a course presented in one state, for example, may present misinformation if administered to dispatcher trainees in another state. Even though basic methodologies, voice techniques, telecommunications principles, and strategies of resource allocation have broad applicability, there will always be local policies, laws, equipment, procedures, and geography which need to be conveyed individually at each training center. For specific details of the points at which local course content may need to be prepared, refer to the Instructor Preparation Page ahead of the lesson plan for each unit. This page will tell you what sort of handouts must be prepared, what local examples need to be generated, and what local policies and procedures you must be prepared to discuss.

Coordination Requirements—The Emergency Medical System serving a particular area should be involved in this training course to the extent possible. You should try to make arrangements for the trainees to see and use a console. You should make arrangements for mobile units and other base stations to assist in student practice of sending and receiving techniques. These coordination requirements are also identified on the Instructor Preparation Page of each unit.

Review Exercises

A set of review exercises follows each of the units in this program except the practice units (I-E and II-E). These review exercises cover the unit objectives. All students should complete the exercises since they provide a good way to keep track of the students' progress, and the opportunity to review the most important elements of each unit. The two practice units are also important parts of the course. They offer you an opportunity to provide additional individual attention to those trainees who may not have mastered all of the earlier units.

Of course, the primary purpose of these practice units is to enable students to *perform* necessary parts of the dispatching job until they reach an acceptable level of proficiency.

To keep track of the accomplishments of each student, it is suggested that you make up a progress chart. The chart will have one row for each student. Across the top (the column headings) will be the unit objectives. As the trainees accomplish the review exercises and practice units, you should observe how well they master each objective and record this information on the progress chart. As you complete the chart you will be able to determine which students need additional help to meet the objectives. Some may be given study assignments for the evening. Some may be given individual remediation in class. If several students are weak on an objective, it would be worthwhile to review the segment(s) of the unit relating to the objective.

The review exercises and the practice units will help you ensure that all of the local material is mastered and that the students are learning as they go along. These materials can help *both* you and the students if used effectively.

PART I

UNIT I-A

Contents

Introduction	I-A-2
Role of Dispatcher	I-A-3

Unit Objectives

By the end of this unit, the trainee, given a list of roles and responsibilities, will be able to distinguish between those which are *and are not* appropriate for public safety dispatchers.

Instructor Preparation

Training Aids

Chalkboard or flipchart

Local Customization

Be prepared to tell trainees which of the listed duties are not performed by local dispatchers. Also be prepared to tell them any duties they should add to their list.

I-A-2

Content	Instructor Guidelines

INTRODUCTION

Sometimes spaces have been left for you to write in your Study Guide. Use the spaces to jot down important local information your instructor gives to you. Whenever you might have special or local material to write down, the space in this column will be preceded by an italicized heading.

NOTES: Administrative matters.

—Welcome students.

—Give your name.

—Have students introduce themselves.

—Complete and return registration cards if used.

—Explain the general procedure for each training day.

a. Attendance
b. Announcements
c. Preview of what will be covered
d. Review of previous day's lessons

—Distribute texts and Student Study Guides.

—Go over the course purposes.

Purposes of the Course:

1. To teach you the roles and responsibilities of the Emergency Medical Dispatcher.
2. To develop telecommunications skills which will enable you to handle message traffic in a prompt, accurate, courteous, and professional manner, so as to provide the utmost assistance to trauma victims and the emergency services that aid them.
3. To teach you the operation of the equipment you will be handling as a dispatcher.
4. To develop your awareness of the emergency services that are available, their capabilities and limitations, and their geographical location.
5. To teach you how to make the decisions concerning allocation of resources in the dispatching of emergency medical units.
6. To teach you the local policies, forms, and standard operating procedures.

Ground Rules for Your Participation In The Course

1. You are encouraged to ask questions.
2. You will have an opportunity to practice some of the things you learn.

Content | Instructor Guidelines

Training Approach

This course will tell you a lot about what it takes to be a good dispatcher. However, we believe that this job is better learned with relatively little classroom work and a lot of practice. So don't expect to know everything about the job when you finish. For example, you will probably need to learn a lot more about where local streets and buildings are. But this course will give you a good foundation of knowledge and attitudes that will foster continuing professional growth. If you keep learning after you get on the job, you will have no trouble becoming an excellent dispatcher in a short time.

Provide examples of the kinds of things they will be expected to learn about their job after this course is over. There will not be many new classes of information to be learned. They will get more of the same kinds of knowledge and a deeper appreciation of what is important. They will learn that practical application of the principles the course presents.

What kinds of things will you be learning on the job?

_____

_____

_____

_____

_____

_____

ROLE OF DISPATCHER

The dictionary tells us a dispatcher is one who sends out vehicles to a particular destination. The essence of the job of EMT dispatcher is to:

1. Receive requests for help.

2. Arrange for getting the kind of people and equipment that the situation requires to where they are needed.

This sounds very simple, but the dispatcher does many more things:

—He maintains records.

—He receives notification of emergencies and calls for assistance from individual citizens and from public safety units.

—He scopes the problem by requesting additional information from the caller.

—He decides upon and dispatches the appropriate emergency vehicles.

—In rare instances, he may instruct the caller to take measures that are intended to save a life or alleviate suffering.

Emphasize that the difference between a good and a so-so dispatcher depends on how well he handles these kinds of things.

Content	Instructor Guidelines
—He conveys information to the responding units which enables them to cope with the situation upon arrival.	**Have students *delete* all duties which are not locally appropriate.**
—He guides vehicles to the scene of an emergency and helps them avoid traffic problems.	
—He sometimes relays information among various agencies or mobile units, or he patches together mobile public safety units to enable them to communicate with each other directly.	
NOTE: Additional local duties.	**Describe additional local duties, if any, and have students note them here.**
In performing the above duties, as well as others, you must assume responsibilities and use your own initiative. Not all procedures can be written down. You do not merely serve as a conduit for information. A dispatcher must be a controller and manager of the community resources which are available for any emergency incident. You must be aware of the current availability of the various components of the emergency medical system. You must understand the capabilities and limitations of the communications system you are authorized to operate.	
Just as important as what you will do as a dispatcher is what you do *not* do.	
*NOTE: What kinds of things do you think a dispatcher should **not** do?*	Ask students to think about this and to jot down some notes. (Take about five minutes.) Then ask for answers. List the answers on the chalkboard. Discuss with the class.

Content	Instructor Guidelines
1. A dispatcher does not tell public safety personnel what to do. He does not order them around. He does not command them. When you inform a policeman that an accident with multiple injuries has occurred at Second and Main, and when that policeman responds with all deliberate speed, it is easy to think you have ordered him to go there. You have not. You have merely enabled the policeman to perform one of his major duties, which is to render assistance as required. You have passed on the information that his presence is required at Second and Main, and you have told him what to expect when he gets there.	Emphasize: *A dispatcher does NOT:* *—Tell public-safety personnel what to do.* *—Diagnose medical problems.* *—Kibbitz.*
2. A dispatcher does not diagnose the cause of medical problems that are reported. Physicians know how hard it is to diagnose reliably, without examining a patient, just on the basis of what people say over the phone. Dispatchers, who have far less medical training and experience, would be much more prone to make an inaccurate diagnosis.	
3. A dispatcher does not kibbitz. When a dispatcher receives a call for assistance, he gathers considerable information about the nature of the problem. He does all he can to bring assistance to the caller. He often hears, by monitoring his radio, what measures are being taken to alleviate the problem. However, he should avoid second-guessing the actions of workers at the scene, who have a broader and more direct knowledge of the situation and a better feeling for what measures are appropriate or even possible.	

Your primary concern as a dispatcher is the well-being of the individual requiring assistance. You must exercise ingenuity and initiative to assure prompt and appropriate assistance for the victim. However, you should recognize your responsibility to the caller, which is to instill confidence and calmness. You do this by such actions as recognizing the possible emotional agitation of the caller, assuring the caller that help is on the way, remaining calm yourself, and by expressing no hostility, even if the caller becomes hostile.

I-A-6

Review Exercises

Answers

The following list of duties may contain some things a dispatcher should *not* do as well as some things he should do. Write "yes" or "no" in front of each statement.

A dispatcher should:

1. Diagnose each medical problem reported.

2. Decide what kind of emergency medical vehicle should be dispatched to the scene.

3. Help the vehicles he has dispatched to avoid traffic problems.

4. Monitor the transmissions that pertain to the vehicles he has dispatched in order to make sure that ambulance attendants or law enforcement officers on the scene take the correct measures.

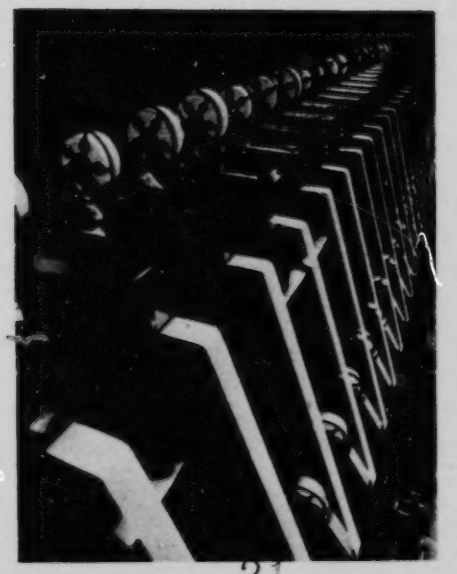
5. Convey information to units enroute to the scene, so that they may be better prepared to handle the situation on arrival.

6. Give the proper orders concerning what police should do when they arrive at the scene of an emergency.

UNIT I-B

Content

The Basic Console	I-B-3
Special Capabilities and Equipment	I-B-5
Maintenance	I-B-6
Review	I-B-7



Unit Objectives

By the end of this unit, the trainee:

1. Given photographs or drawings of telecommunications consoles, will be able to identify correctly all major controls and displays.

2. Given the actual telecommunications equipment, will correctly be able to reach other base stations by radio communications and by land-line communications.

3. Given the actual telecommunications equipment, will correctly demonstrate the procedure for patching together a telephone caller with a hospital emergency room (if equipment permits), and patching together an incoming call from an ambulance with a hospital emergency room (if equipment permits).

4. Given several statements describing apparent equipment malfunctions, will be able to state:

   a. Whether the source of the problem lies in the transmitter or receiver.
   b. Who should be notified.
   c. What information should be provided.

Instructor Preparation

Training Aids

Actual communications console (or mock-up).

Chalkboard or flipchart.

Local Customization

Be prepared to answer the following questions:

—Those on I-B-3.

—Those on I-B-4

—What special capabilities does the console have and how do they work?

—What other equipment (in addition to the console) will the dispatcher operate? How does it work?

—How do dispatchers summon repairmen for their equipment?

—What do dispatchers do while their console is being repaired?

Handouts/Exercises

Give the students a photograph or a line drawing of the console they will be operating. This requirement is more important if a real console is unavailable.

Hand out copies of any local procedures that apply to equipment operation.

Coordination Requirements

Make arrangements to show the students a real console (if possible). Give assurances that the class will not interfere with the operation.

Review Exercises

For the exercises, prepare three more situations concerning malfunctions of the dispatching room equipment.

See page I-B-8 for instructions on the nature of these situations.

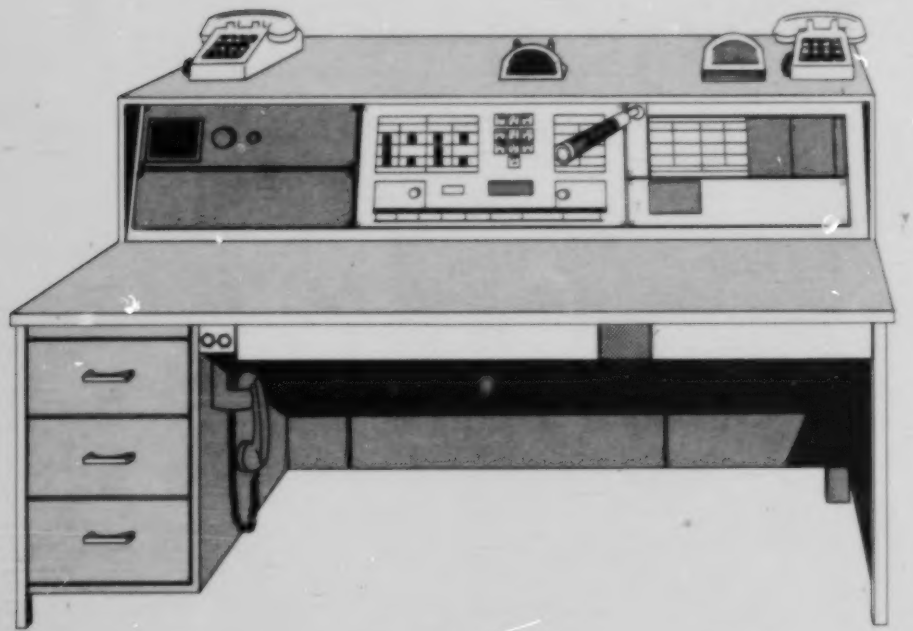


FIGURE I-B-1.
Example Console.

Content | Instructor Guidelines

THE BASIC CONSOLE

After you finish this course, you will be part of a telecommunications system which enables people to communicate their needs for assistance and guarantees that those needs will be quickly met. You are the vital link in this system. You will have to operate equipment. You will be furnished with equipment that lets you receive calls, lets you make calls, and gives you the information that you need in order to perform your job of coordinating and managing equipment, personnel, and facilities.

NOTES: Using your radio transceiver console:

Use Figure I-B-1 on page I-B-2, or an actual communications console as you provide students with answers to these questions.

1. How do you know when a radio call is coming in for you?

2. How can you control the volume of an incoming call?

3. What do you do when you hear a call for you?

4. Will you hear the call through a handset or a speaker?

5. In order to respond to a call, how do you select the proper transmission channel (frequency)?

6. How are channels assigned to establish communications links between or among EMS providers?

Does the dispatcher do this in your locality?

7. How do you activate the transmitter so that your voice is sent out? Do you press a transmit bar on the handset? Do you press a button on the panel, or a bar on the microphone stand? Do you throw a switch?

8. How do you keep from interrupting other transmissions on the same channel?

Content | Instructor Guidelines

NOTES: *Using your telephone consoles:*

1. How is an incoming call announced? Sound and light?

2. How do you know which line has a call?

3. How do you establish the connection? Plug in a cord? Press a button?

4. How do you patch together two phone lines?

5. Can you patch together a party on your radio with a party on your phone line? How? Can you monitor the conversation? Can you control the volume of what you hear? How?

Content | Instructor Guidelines

SPECIAL CAPABILITIES AND EQUIPMENT

Capabilities

Depending on your particular equipment, you may have special capabilities such as:

1. Called party hold—which makes it possible for a call to be traced.
2. Ring back—which enables you to hold a line open and ring a phone that has been hung up.
3. Automatic number identification.

List special capabilities. Below each capability write in the operating procedure.

Describe each special capability and demonstrate operating procedures.

Special Equipment

Depending upon your local setup, you may be called upon to operate other types of communications equipment (e.g., teletype, computer terminal, intercom).

List special equipment. Under each item of equipment, make notes on how it is operated.

Describe all special equipment the dispatcher will use. Demonstrate use and help trainees to list the most important operating procedures. If the procedures are complex (e.g., using the computer terminal), the students will not be expected to be proficient in them by the end of the course. Tell them how best to learn these procedures on the job.

I-B-6

Content	Instructor Guidelines

MAINTENANCE

If your equipment is not working as it should, it is important to fix it as soon as possible, even though, in most cases, there will be back-up modes of operation to enable you to continue to perform your dispatcher duties. Usually you will call a service man and report the symptoms you are encountering.

NOTE: Local procedures for getting service.

List, on the chalkboard, the steps dispatchers follow in getting service for their transceiver.

Describe and demonstrate procedures for using back-up-equipment.

NOTE: Using back-up equipment.

When your equipment has a malfunction, it is important for you to stay out of the electronics. You should not replace or adjust any parts of your transceiver. This should be done only by a licensed service man. The only adjustments you are authorized to make can be made from the front panel (e.g., volume).

Describe typical malfunction symptoms. Have trainees identify:
- **—Whether the problem is in the transmitter or the receiver.**
- **—Who should be notified.**
- **—What information should be provided when notification is given.**

NOTE: What would you do if you had a malfunction?

Content	Instructor Guidelines

REVIEW

NOTE: How would you do the following?

Give trainees about five minutes to make notes on how they would do these things. When all are finished, discuss their answers.

1. Call another base station by radio and by telephone.

2. Call a mobile unit.

3. Given an incoming call, patch the caller to a hospital emergency room.

4. Patch an incoming call from a mobile unit (e.g., ambulance) to another base station (e.g., hospital).

I-B-8

Review Exercises — Answers

1. Some of the following controls and displays are not at your console. Point to all of the ones that are.

Monitor switch	Base mute switch
Transmit bar	Continuous monitor switch
Mobile/base selector switch	Intercom switch
Intercom patch bar	VU meter
Alert switch	MOB light
Frequency selector	XMIT switch
All mute bar	Call indicator light
Headset volume control	Frequency volume controls
Patch phone speaker	Mobile relay tone selector
Patch phone indicator light	Patch phone volume control

2. Transmit a test message to a nearby dispatcher:

   By radio.
   By telephone.

3. Establish a patch connection between:

   A telephone caller and a hospital emergency room.

   A mobile radio and a hospital emergency room.

4. For each of the following situations, state (a) whether the source of the problem lies in your receiver/transmitter, (b) who should be notified, and (c) what information should be provided.

   —While communicating with a local hospital you are suddenly unable to hear their transmission. It cuts out completely. You reach the hospital by land line and ask them to check their transmit capability by calling a different base station on that same frequency. They report back that their transmitter is working.

   Prepare three more similar situations. One situation should indicate to the student that the trouble lies *not* in his equipment but in a remote base or mobile transmitter/receiver. One situation should represent trouble in the dispatcher's transmitter. One should represent trouble in the dispatcher's receiver.

UNIT I-C

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Unit Objectives

By the end of this unit, the trainee:

1. Given five telephone numbers, will be able to point out the location of the telephones on a map of the area.

2. Given five addresses, will be able to point out their locations on a map of the area.

3. Given a set of reports that different emergency vehicles in this area are in service, out of service, responding to an emergency, and have completed an assignment, will indicate the appropriate action to keep track of their availability status.

4. Will be able to state three provisions of FCC regulations that apply to the operation of a transmitter; three things the FCC prohibits.

5. Given the Associated Public-Safety Communications Officers, Inc. list of ten "telephone techniques," will be able to state the consequences of failing to use each technique.

6. Given an opportunity to practice good telephone techniques, will demonstrate mastery of the techniques.

7. Given a list of messages to read over the telephone, will read the messages in such a way that the party at the other end of the line can copy them without error.

8. Given the International Phonetic Alphabet will be able to transmit five difficult names over the telephone in such a way that the other party can copy them without error.

9. Given a list of locally used 10-codes and their meanings, and transmissions employing each of the 10-codes, will be able to write a correct translation of each transmission.

10. Given a list of the locally used 10-codes and their meanings, and a list of statements to be transmitted, will be able to construct a correctly phrased transmission for each of the statements to be transmitted, using 10-codes.

11. Given a list of abbreviations and jargon words and phrases in common local telecommunications usage, will be able to translate each one (for example, D.A.V. = disabled vehicle).

12. Given the opportunity of receiving several incoming calls simultaneously, will demonstrate correct procedures.

13. Given problems describing instances in which two or more callers provide conflicting information, will be able to state an appropriate course of action for each problem.

Instructor Preparation

Training Aids

Chalkboard or flipchart.

Local Customization

Be prepared to describe the maps, directories, time-recording aids, and resource status indicators that are in local use, and to demonstrate how to use them.

Be familiar with local policy on 10-codes. If some have unique local meanings, be familiar with how each one is used.

Prepare short messages that illustrate correct local usage of 10-codes.

Be prepared to dictate a list of terms and abbreviations the students should be familiar with. Be sure to include all locally unique ones.

Handouts/Exercises

Hand out a list of locally used 10-codes.

Hand out a list of frequently used telephone numbers.

Hand out a card bearing the International Phonetic Alphabet.

Prepare a list of local telephone numbers and addresses for the students to locate on a map.

Review Exercises

Prepare five telephone numbers whose location can be found on a map by a dispatcher.

Prepare five addresses for the students to point out on a map.

Prepare five messages containing all of the locally unique 10-codes, plus any others you consider important to test. (You may have to prepare more than five messages to get complete coverage).

Prepare five messages containing phrases that the students can translate into 10-codes.

Content	Instructor Guidelines

PERFORMANCE AIDS

In the previous Unit (I-B) you learned how to operate your telephone and transceiver. You may have noticed some other things at your work station—things called performance aids—that help you with your job.

Have trainees list the purpose of each aid and how each is used.

Local Performance Aids:

1. Time-keeping aid

   a. Time stamp machine?
   b. Cards for recording time?

2. Maps

   a. Wall maps?
   b. Map books?

3. Directories

   a. Alphabetical street directories?
   b. Telephone number cross-reference directory?

4. Frequently called numbers

5. Indication of availability status of emergency units in the area

   a. Automatic system?
   —Status lights?
   —What dispatcher does
   b. Other system where dispatcher must keep track mentally?

NOTES: Key points about use of local performance aids.

Using example problems, demonstrate use of time-keeping aids, maps, directories, lists of frequently called numbers, and status indicators.

I-C-4

Content | Instructor Guidelines

Procedures for Locating Emergencies

In order to direct emergency vehicles to the site of an emergency you have to get a clear fix on its location. But sometimes your caller will be a stranger to the area and won't be able to tell you where he is. The only thing he will be able to tell you for certain is the number of the telephone from which he is calling. In such cases you have ways of determining the location of the telephone. For example, you may have a book that lists the address of each telephone in the area. If you are not familiar with the address you find, you can look it up in an alphabetical listing of street names in the area. With each street name there will be map/grid coordinates to help you find the street on one of the maps you have available.

NOTES: What are your local procedures—

1. Given only a telephone number?

2. Given an unfamiliar street address?

Give trainees several local telephone numbers and several local street addresses and have them indicate precise locations on a map.

One of the most important things a dispatcher must do is to keep track of the disposition or status of the emergency medical resources in the area. Only in this way will you know which ones are busy and which ones may be sent out on the next call. There are many ways to keep track of the availability status of emergency medical units. Most of these ways involve the use of cards or tickets. A few are more sophisticated.

NOTES: How do you keep track of the status of emergency units?

1. Out-of-service units.

2. How to indicate change of availability status.

Emphasize the dispatcher's role in keeping track of status. Specify the exact procedures he should follow in his local area.

Is the dispatcher ever responsible for notifying other personnel of the status of emergency units?

Content	Instructor Guidelines

RULES AND REGULATIONS

There is only a limited number of radio frequencies allocated for use by public safety agencies and emergency medical systems. Therefore, to make certain that channels are properly used, strict discipline must be maintained and efficient procedures of use must be adopted. The dispatcher is subject to policies set by the Federal Communications Commission (FCC), the State, and the regional system within which he operates.

Ask trainees why these strict rules on the use of radio frequencies are in force.

What would be the consequences of indiscriminate use?

NOTES: *Why do you think there are strict rules in this area?*

FCC rules prohibit all deceptive or unnecessary messages as well as profane and indecent language. FCC further prohibits the use of dissemination of confidential information which was transmitted over the radio. No person shall reveal, discuss, or make use of information heard on the radio system except with persons to whom it was directed or on express permission of the originator of the message. Penalties for violations of FCC rules and regulations vary from $100 to $10,000 and up to one year in prison.

Have trainees note the three key provisions of the FCC regulations that apply to operating a transmitter.

Extract from the above text what the FCC prohibits:

The FCC specifically prohibits:

1. _____

—Deceptive or unnecessary messages.

2. _____

—Profanity.

3. _____

—Dessemination or use of confidential information transmitted over the radio.

A good summary of FCC rules is found in Section 8 of your APCO Standard Operating Procedure Manual.

I-C-6

Content	Instructor Guidelines

AURAL BREVITY CODES

The professional society of public-safety communicators (APCO) has developed a standard set of 10-codes, recommended for use throughout the United States. The most frequently used of these 10-codes is 10-4, which means affirmative, O.K., or Roger.

Whether you use 10-codes in your own transmissions depends upon (a) local policy (b) the party with whom you are talking. You should *never* use 10-codes with parties who would not understand them (e.g., nurses, physicians, volunteer firemen).

However, whether or not you use 10-codes yourself, you should be able to understand them. You should memorize a few and be able to quickly look up the rest. This will help you understand police, fire, and ambulance personnel who may use 10-codes in communicating with you and with each other.

Goals for the trainees are:

—Understand the message when others use local 10-codes.

—Know when to use and when not to use 10-codes.

Advantages of using an aural brevity code such as 10-signals.

Have trainees identify advantages of using an aural brevity code. Discuss the trainees' answers.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

—Improved accuracy of communications within and between systems.

—A reduction of system response time.

—An enhancement of system discipline.

—Increased privacy.

—Applicability to standardization of newly developing automatic keyboard system indexing.

—More efficient use of training time.

Content	Instructor Guidelines

Brevity code developed by APCO under contract with the Office of Telecommunications Policy is as follows:

—Emphasize that not all of these 10-codes will be use in the local area.

—Some other (different) codes may be used.

10-1	Signal Weak
10-2	Signal Good
10-3	Stop Transmitting
10-4	Affirmative (O.K.)
10-5	Relay (To)
10-6	Busy
10-7	Out of Service
10-8	In Service
10-9	Say Again (Repeat)
10-10	Negative
10-11	_____ On Duty
10-12	Stand By (Stop)
10-13	Existing Conditions
10-14	Message/Information
10-15	Message Delivered
10-16	Reply to Message
10-17	Enroute
10-18	Urgent (Quickly)
10-19	(In) Contact
10-20	Location
10-21	Call _____ By Phone
10-22	Disregard
10-23	Arrived at Scene
10-24	Assignment Completed
10-25	Report To (Meet)
10-26	Estimated Arrival Time
10-27	License/Permit Information
10-28	Ownership Information
10-29	Records Check
10-30	Danger/Caution
10-31	Pick Up
10-32	_____ Units Needed, Specify
10-33	Help Me Quick (Emergency)
10-34	Time
10-35	—Reserved—
10-36	—Reserved—
10-37	—Reserved—
10-38	—Reserved—
10-39	—Reserved—

The numbering, sequence, words, or word phrasing of the above signals may not be altered, nor may the reserved signals be otherwise implemented except by APCO. Any user may employ signal numbers upward beginning with 10-40 as may best suit his own needs.

Point out that this is the recommended policy, but many local areas do not follow the policy exactly.

I-C-8

Content	Instructor Guidelines

It is highly desirable for public-safety agencies who use 10-codes to adopt and use a standard set of codes. This will permit public-safety workers from different parts of the country to understand each other without having to learn new meanings for the 10-codes. In other words, there will be a common language. However, you should recognize that these standard 10-codes are presently not universally adopted. Therefore, you must use them in a way that corresponds with local practice; otherwise you may not be understood. For example, 10-34 means "Time" in the revised Aural Brevity Code. In some parts of the country it means "Riot" and in other parts of the country it means "Dead Animal." Thus, you must be sure of their local meanings before you use the 10-signals.

Some of the more commonly used 10-codes are almost universally understood. To minimize unlearning we will use a restricted set of 10-codes for practice in this course. The 10-codes we will use are the following:

10-1	Signal weak, receiving poorly, unable to copy	Read over this list of 10-codes and discuss the meanings of each one with the students.
10-2	Signal good, receiving well	
10-3	Stop transmitting	
10-4	Affirmative (O.K.), acknowledgement	
10-5	Relay (to), relay message	
10-6	Busy—Standby unless urgent	**Give short messages which include proper use of each of these 10-codes. Have students verbally state the meaning of each 10-code. Call on all trainees.**
10-7	Out of service, not available for call.	
10-8	In service, available for call	
10-9	Say again (repeat message)	
10-20	Location	
10-21	Call _____ by phone	
10-22	Disregard	
10-28	Vehicle registration (ownership information)	

NOTES: *Universal 10-codes and special locally used 10-codes.*

Hand out complete list of locally used 10-codes.

Give practice messages for local codes as was done with universal code list on page I-C-7

Content

Instructor Guidelines

When you use 10-codes, remember that one of the goals of using them is to speed up communications. Therefore, you should not use a 10-code to stand for a single word in a long sentence. You may recall that 10-20 means "location" and 10-6 means "standby."

You should say: "Unit 51. 10-20?"
Not: "Unit 51. Please advise as to your 10-20."

You should say: "Unit 51. 10-6."
Not: "Unit 51. 10-6 just a minute."

Use the locally used 10-codes to translate the 10 statements your instructor will give you. Write your messages below.

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

6. _____

_____

7. _____

_____

8. _____

_____

9. _____

_____

10. _____

_____

Hand out a list of 10 statements to be translated into messages using local 10-codes.

Read the proper messages (answers) and discuss with trainees. Make sure the students didn't use extra wording in their messages.

Content | Instructor Guidelines

TELEPHONE TECHNIQUES

As a dispatcher, many of your calls for assistance will come over the telephone. The telephone is the most commonly used means a citizen has for obtaining the services of a public-safety department. Many of the techniques listed here apply equally well with radio communication. The telephone techniques listed here are largely taken from Section 2 of your text, the Public Safety Communications Standard Operating Procedure Manual.

Remember, when you lift the receiver of your telephone you are about to meet someone, to engage in a conversation as important as a face-to-face visit, and *YOU are the sole representative of your department.*

Ask trainees to recall examples of situations when they (or their friends or relatives) made an emergency call.

What about the experience was noticeably good?

What was bad or irritating?

How could the call have been handled better?

Relate the answers to the ten telephone techniques listed.

Ten Techniques to Apply DURING the Call

1. *Answer promptly.* Treat each call as an emergency. Put yourself in the place of one who may be ill or suffering from fear or panic. Every ring for that person lasts an eternity. Try to answer *within three rings.*

2. *Identify yourself and your department.* This insures the caller that he has placed his call properly and thus had a calming influence upon him.

3. *Speak directly into the mouthpiece.* This insures that you will be properly understood and will not have to waste time repeating information. Speak up! Don't swallow your words.

4. *Observe telephone courtesy.* A calm, competent, decisive voice that is courteous will reduce chances that the caller will be antagonistic. Explain to the caller what action you intend to take and how soon assistance may be expected to arrive at the scene.

5. Take charge of the conversation. After the initial exchange, and you sense the needs of the calling party, cut off superfluous wordage by leading the call into questions to which you need answers; questions as to who, what, where, when. Be courteous but firm.

6. Take down all information. Write it. Never leave anything to memory.

7. Explain waits. Explain why it will take time to check for information and that you will call back. A party waiting on a "dead phone" may become irritable and uncooperative.

8. Avoid jargon or slang. Use precise English. Some terms you may use frequently, such as 10-4, E.R. (Emergency Room), etc, will not be meaningful to most callers.

Content	Instructor Guidelines
9. Show interest in the person's call. The person calling has or needs information, and to him it is important. Use the caller's name when possible; it makes him feel you have a personal interest in his call. Do not, however, call strangers by their first name.	Ask the students to consider the possible consequences of failing to do each of these things.
10. Try to visualize the caller. The telephone is an impersonal thing and we may tend to be curt and less courteous, or we may lose our temper easier than if we were meeting the party in person. Remember, the caller may be under tremendous strain. Try to reassure and calm him.	
Other Useful Telephone Techniques	
1. Make sure that information from the caller gets to the proper person; never give the caller misinformation, never guess, but refer them to the proper party even if it means transferring the call. If the caller requests information that is not immediately available, obtain his name and number, and return the call.	**Handout: List of frequently called numbers for each trainee.**
2. Let your co-workers know of your whereabouts when leaving your position.	
3. Place and receive your own calls. This provides far better harmony with the citizen than letting someone else do the calling for you.	
4. Post a list of frequently called numbers. Place such numbers, as well as other important numbers, within view of the operating position.	
5. Transfer calls when necessary, and when necessary tell the caller that you are transferring him.	
6. Terminate all calls positively and courteously.	

I-C-12

Content

Think about: *What would happen if you:*

—Fail to identify yourself?

—Fail to write down information?

—Let the caller ramble on and don't get the essential information?

—Have the caller wait without telling him you're putting him on "hold?"

—Display boredom or irritation with the caller?

Instructor Guidelines

Give the trainees a specific situation such as:

—A call for an ambulance and rescue vehicle for a multiple car accident with injuries.

Have trainees discuss the kinds of consequences which could occur if they fail to apply the suggested telephone techniques.

Content	Instructor Guidelines

CLARITY AND BREVITY

As a dispatcher, when you use telecommunications equipment you must be both clear and concise. But sometimes clarity and brevity can interfere with each other. You can use many words to get your message across or you can be so brief that people misunderstand or fail to catch your message. Repeating things or elaborating upon them makes your message easier to understand. On the other hand, FCC regulations do not permit you to be wordy on radio. It cuts into emergency response time and consumes air time.

Ask trainees to think of ways to achieve the twin goals of clarity and brevity.

Public-safety dispatchers have arrived at an optimal blend of clarity and brevity in the transmission techniques they have developed over the years. They speak in a very structured way. After people learn to expect their messages to have a certain specific structure they find it easier to understand messages that have that predictable structure. Section 3-A of your text, the Public Safety Communications Standard Operating Procedure Manual, contains some of these transmission techniques.

What can be done to help you be both clear and concise?

1. _____

2. _____

3. _____

4. _____

5. _____

—Understandable rate of speaking.

—Knowing what you want to transmit, *before* transmission.

—Following a recommended (standard) structure for messages.

—Clear presentation of numbers, names, and dates.

—Using phrases and words which are easy to copy.

Content	Instructor Guidelines

The Proper Rate of Speaking

People will understand you better if you pronounce your words clearly and somewhat slowly; a rate of about 60 words per minute is proper. Some people have trained themselves to speak as fast as 220 words per minute. However, the normal rate of speaking is about 125 words per minute. When you speak at a rate of 60 words per minute, you have a better chance of being understood through static conditions, and there is a better chance that the other party will follow your meaning.

Is 60 words per minute slower than you thought?

Have trainees open their text to page 39.

—Call on a student to start reading the first paragraph at a rate he thinks is 60 words per minute. Stop him after one minute, or tell him how many seconds are left.

—If he reads it at the proper speed he should just about finish the first paragraph. It has 66 words.

—Ask another student to read the second paragraph. Stop him after one minute, or tell him how many seconds are left.

—The second paragraph has 61 words.

Formulate Your Message BEFORE You Transmit

1. Think before you transmit. Know what you want to say. Press the button. Hesitate an instant. Speak. Speak distinctly. Be brief. Be concise. Be impersonal. Do not mumble. Do not shout. Do not talk too fast. Do not become excited. Do not try to transmit while someone else is transmitting.

2. While you are still learning to become a good dispatcher, study the construction of your messages before transmitting them, unless you have an emergency situation. If necessary, write it down on scratch paper and then cut down your message to telegraphic brevity. Don't be brusque; just be direct.

Content	Instructor Guidelines

Following a Standard Structure for Messages

1. The current practice in public-safety radio services is to give the name of the station being called first—then the name of the calling station. For example, "2 ALPHA 12" (station called)—"Butler Control" (station calling).

2. At the end of a transmission when a reply is expected, the words "go ahead" should be used. The term "over" is being used less frequently than before. The phrase "come in" at the end of a transmission has been almost totally abandoned in public-safety radio because of the possible misinterpretation.

3. Use the call sign of your station at the end of each message (not at the end of each *transmission*) but only when you do not intend to transmit further. This procedure not only complies with an FCC regulation but also indicates to other waiting stations that you have completed this particular bit of your business and that you have signed your station off the air so that other stations waiting may use the channel. In some parts of the country, dispatchers typically follow their call sign with the word "clear." For example, "10-4, Butler Control, KJG29, clear."

Message Structure

—Called station first.

—Calling station at end of first transmission.

—"Go ahead" at end of transmission.

—Call sign at *end of message*.

Correct this message:

—Hamilton 47KG, calling Mobile 2, come in.

—Mobile 2.

—What is your 10-20?

—My 10-20 is proceeding north on Oak at Main.

—10-4.

Discuss what's wrong with this message.

—Calling station before station called.

—Improve use of 10-codes.

—No sign-off at end of message.

I-C-16

Content	Instructor Guidelines

Clear Presentation of Numbers, Names, and Dates

Numbers

Numbers are an important part of your messages. They must not be misunderstood. Their confusion and miscopying can lead to much trouble, both for your unit and the others to whom your messages are addressed. The following is the correct pronunciation of numbers:

Pronounce these out loud. Have students say them.

1 "WUN" . . . with a strong W and N
2 "TOO" . . . with a strong and long OO
3 "TH-R-EE" . . . with a slightly rolling R and long EE
4 "FO-WER" . . . with a long O and strong W and final R
5 "FIE-YIV" . . . with a long I changing to short and strong Y and V
6 "SIKS" . . . with a strong S and KS
7 "SEV-VEN" . . . with a strong S and V and well sounded VEN
8 "ATE" . . . with a long A and strong T
9 "NI-YEN" . . . with a strong N at the beginning, a long I and a well sounded YEN
0 "ZERO" . . . with a strong Z and a short RO

Numbers should be repeated first individually as integers, and then as the whole number. For example, 1,527,617 is transmitted:

"One, five, two, seven, six, one seven (pause)—one million, five hundred twenty-seven thousand, six hundred seventeen."

Give the students some seven-digit numbers to say aloud. Evaluate their:

—Pronunciation

—Format

Provide feedback.

Names

It's important to transmit names clearly—names of people and names of locations. The International Phonetic Alphabet should be used for unusual or difficult spellings, and when radio transmission is poor. Dispatching can be accomplished accurately by:

a. Pronouncing the complete name.

b. Spelling the first name, giving the first letter of the name phonetically.

c. Pronouncing the last name.

d. Spelling the last name phonetically.

Content	Instructor Guidelines

The International Phonetic Alphabet is as follows:

Hand out: Phonetic Alphabet on a card for use at console.

(A) ALPHA
(B) BRAVO
(C) CHARLIE
(D) DELTA
(E) ECHO
(F) FOXTROT
(G) GOLF
(H) HOTEL
(I) INDIA
(J) JULIETTE
(K) KILO
(L) LIMA
(M) MIKE
(N) NOVEMBER
(O) OSCAR
(P) PAPA
(Q) QUEBEC
(R) ROMEO
(S) SIERRA
(T) TANGO
(U) UNIFORM
(V) VICTOR
(W) WHISKEY
(X) X-RAY
(Y) YANKEE
(Z) ZULU

Example:

"John Phares"
"I spell"
"First name"
"J-Juliette-O-H-N"
"Last name"
"Phares"
"P-Papa"
"H-Hotel"
"A-Alpha"
"R-Romeo"
"E-Echo"
"S-Sierra"
Then pronounce the whole name:
"John Phares"

It is better to spend the extra time required in spelling names clearly, since, for example, this name could easily have been copied "Fares," "Farres," or Ferris," depending upon local pronunciation.

I-C-18

Content

Now that you have learned how to transmit names, you should be cautioned not to over-use the phonetic alphabet. When the name has a common spelling such as Smith or Jones, when transmission conditions are good, and when you have no reason to suspect that a name will be misunderstood, you should say the name and spell it in the usual way. For example, "John Smith, S-M-I-T-H." When receiving a name, you should question the spelling of any name about which you have a doubt.

Dates and Times

Definite time and date should be specified instead of being indefinite. Say "September 10" instead of "Today." Also do not say "This date," "Yesterday," or "Tomorrow."

Definite hour and minute time should be used, and not "A few minutes ago." Twenty-four hour time is preferred over the usual twelve-hour time. The letters a.m. and p.m. are often misunderstood over the air. Also, the use of twenty-four hour time will eliminate the necessity of entering a.m. or p.m. on the log forms. When giving time do not say "O'clock;" say instead "Hours." For example, "Seven hundred hours."

Using Easy to Copy Phrases and Words

Avoid phrases and words that are difficult to transmit clearly. Some examples of poor and preferred words are listed below:

Poor	**Preferred**
Want	Desire
Can't	Unable
Buy	Purchase
Get	Obtain
Send	Forward
Do you want	Advise if
Find out	Advise if
Call and see	Check

Others?

_____

_____

_____

_____

_____

_____

_____

Instructor Guidelines

Call out the three letter sequences and have trainees say them back using the phonetic alphabet. Write the names on the board and ask trainee to spell them using the phonetic alphabet, *if appropriate.*

—ABC	—Johns
—DEF	—Tarrants
—GHI	—Cleveland
—JKL	—Star
—MNO	—Chenzoff
—PQR	—Wiznisky
—STU	—Adams
—VW	—Schumacher
—XYZ	—Stephany

Add any other examples you may think of.

Content	Instructor Guidelines
Practice: *Correct the following transmissions.*	Go over the correct answers with trainees. Discuss wrong answers carefully—there may be some good ideas.
—Tag Number A, one hundred twenty-five (pause) 1-2	—A-Alpha to indicate it's part of the license number. —Wrong order (digits first).
—I'll call Wednesday, over.	—Give date. —Over is not preferred.
—The accident occurred in front of fifteen five (meaning 1505) Duncan Avenue.	—Number would be easily misunderstood.
—I can't call and see whether they have beds right now. Their transceiver is out. Do you want me to call and see whether Memorial in Mayfair has any?	—"Can't call and see . . ." "Do you want . . ." Discuss alternate wordings.
—They request an ambulance to pick up the patient at seven o'clock tomorrow.	—Say "seven hundred hours." —Give date.
—An officer will arrive your location in 20 minutes to pick up the plasma.	—Give estimated time of pick up.
—1 KILO 25, Richland Police. Do you want me to send a copy of your accident report to St. Johns Hospital? They asked for it.	—"Do you want . . ." "Send . . ." Discuss alternate wordings.

Content	Instructor Guidelines

PRIORITY CONSIDERATIONS

The word "emergency" is used in many localities as a top-priority transmission. It should not be abused by frequent use. Normally, the word "emergency" is used when a patient needs help fast. The dispatcher should also be familiar with other signals which indicate emergency. Among these are "10-33," "10-18," the spoken word "urgent" repeated several times, or simply the word "help." When assistance is needed in minor emergencies, such a word as "assistance" will indicate the lesser degree of urgency.

The International Distress Signal is the spoken word "MAY-DAY"—from the French term "M'aidez," which is a request for help. This signal is in regular use, particularly in the aeronautical and maritime fields, and should be immediately recognized by any operator as an urgent call for aid. Its reception and all pertinent traffic and/or action should be logged. This signal should not be used for any other than a situation of extreme gravity and its false or fradulent use is prohibited. You might hear MAY-DAY if an ambulance attendent is being shot at, for example. The closest station to the person calling MAY-DAY is required to answer first. As long as one station is fully giving aid, the others need not answer. Until an emergency or MAY-DAY has been handled, you should ask all other traffic to wait.

Emphasize:

Don't overuse "emergency" or "MAY-DAY," it could be disasterous for a dispatcher to have a reputation for "crying wolf."

Act fast and positively when you hear "emergency" or "MAY-DAY."

Content	Instructor Guidelines

RELAYING MESSAGES

Occasionally you may be asked to relay a formal message. *Never change a single word of such a message.* Record and retransmit it exactly as given. You should not retransmit until you are sure you have it correctly.

If fill-ins are required, the following form should be used: "Go ahead from (the last word received) to (the first word received after the blank)."

If completed except for the beginning or ending, say "Repeat up to" (the first word received), or "Repeat all after" (the last word received).

A station originating a formal message which is to be relayed on the air by the receiving station should monitor the receiving station so as to certify that the message is retransmitted correctly. Long messages should be broken into phrases and each phrase should be repeated once before going to the next phrase of the message. At the end of two or three phrases of a long message the operator should inquire "so far?" of the station or vehicle to which he is transmitting. This is done to reduce the number of repeats, because if the receiving operator misses any part of a message, he has missed all the meaning of the message.

Read relay messages below and have students write the message in the space provided.

Central Blood Bank, St. Francis Hospital, Fourth and Oliver Streets. We have a major casualty situation. Advise if you can supply 100 bottles of Dextran and 250 bottles of D5W immediately. Go ahead.

Four miles from Valencia on the Evans City-Valencia Road, turn right on Union Church Road. Turn left on the first blacktop road after the Union Church. The house is the fourth on the right. It is a two-story white house with green trim. An eight-year-old boy will be waiting.

Take two relay messages from your instructor. Write below.

Review trainee's transcriptions and provide feedback.

1. _____

_____

_____

_____

_____

_____

2. _____

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_____

_____

_____

Content	Instructor Guidelines

MULTIPLE INCOMING CALLS

A serious problem you will encounter is one of coping with a high level of traffic. If a call comes in on a telephone line while you are speaking on the radio, you should finish your message quickly (or say "10-6" or "stand by") and answer the telephone call. Determine as quickly as possible the priority of the telephone message and decide which communication should be continued. If you can dispatch an emergency vehicle before returning to the party standing by on radio, you should do so and tell the calling party that help is on the way.

With only two callers, the procedure is fairly straightforward. But occasionally "the board lights up" with many calls reporting the same emergency. If you can dispose of these callers quickly by telling them that help is on the way, you should do so.

The two principles are:

Never let a call go unheeded.

Never forget a stand-by or hold.

—Should you ever fail to answer a call?

No.

—What is the longest time you should let a call ring?

Not more than 10 seconds, if at all possible.

—Should you ask another dispatcher to monitor your channels?

Yes, if you are swamped with telephone calls.

Content | Instructor Guidelines

CONFLICTING INFORMATION

Different persons often will submit different versions of the same happening. Do not accept any statement or report as necessarily true. Try to obtain independent support for one version or another. If you cannot determine the true circumstances, assume the worst and adopt the safest, most conservative course of action.

LOCAL JARGON AND ABBREVIATIONS

Just as there are local 10-codes that other communities do not use, there are probably words and abbreviations which will not be understood by dispatchers in other states or communities.

NOTES: *Please copy and learn the terms and abbreviations your instructor will write on the chalkboard.*

Write on the chalkboard the major unique terms and abbreviations that local dispatchers use. Include, if you care to, some universal terms and abbreviations that the trainees will need to learn.

I-C-24

Review Exercises

Answers

1. Point out the location of each of the following telephones on a map of the area. (Instructor will supply a list of numbers.)

2. On a map of the area, point out the location of each of the following addresses (to be supplied by the instructor).

3. Given a set of reports that different emergency vehicles are in service, out of service, responding to an emergency, and have completed an assignment, indicate what you should do to keep track of their availability status.

4. Name three things that the FCC prohibits in connection with operating a receiver.

5. What are some of the things that might happen if you do *not*:

   —Answer promptly?
   —Identify yourself and your department?
   —Speak directly into the mouthpiece?
   —Observe telephone courtesy by using a courteous voice and by explaining what you intend to do?
   —Take charge of the conversation?
   —Take down all necessary information in writing?
   —Explain waits?
   —Avoid jargon or slang?
   —Show interest in the person's call?
   —Try to visualize the caller and allow for the strain he or she is probably under?

Review Exercises

Answers

6. With a copy of the International Phonetic Alphabet in front of you, spell the following difficult names in such a way that another party copying them will make no error.

   Hinterleiter
   Colteryahan
   Srinivasan
   Zworykin
   Rashaad

7. Using the list of 10-codes your instructor has given you, write a translation of the transmissions your instructor has written on the board. (The transmissions will include the important 10-codes and all 10-codes that have unique local meanings.)

8. Using the list of 10-codes your instructor has given you, prepare a coded message based on each of the common-language messages your instructor has written on the board.

9. Using the list of abbreviations and jargon words your instructor has provided, translate the words and abbreviations your instructor has written on the board. Try to write more than the direct translation to show that you completely understand each one.

10. What should you do if a call comes in while you are handling a previous emergency? What should you do if there are more calls than you can handle?

11. What should you do if one caller tells you there are injuries associated with a traffic accident and the next caller tells you there are no injuries associated with the same accident?

UNIT I-D

Contents

Primary Responsibilities	I-D-2
Sequence for Eliciting Information from Callers	I-D-3
Getting Additional Information	I-D-4
Calming the Caller	I-D-5

Unit Objectives

By the end of this unit, the trainee:

1. Given simulated calls reporting emergencies, will be able to elicit the information necessary to be able to allocate appropriate resources to to the scene. The information will be elicited in order of importance.

2. Will be able to describe several (two or three) practices which betray excitement and, therefore, should be avoided in speaking to callers.

Instructor Preparation

Training Aids

Chalkboard or flipchart.

Local Customization

Be familiar with local policy about suggesting first-aid measures to callers.

Be familiar with local policy about the sequence in which various types of information are elicited from callers.

Think of some local department names and consider whether a layman would instantly recognize how that department can help him.

I-D-2

Content	Instructor Guidelines

PRIMARY RESPONSIBILITIES

When a request for assistance comes to you, whether by telephone or by radio, you have four things to accomplish:

1. You must make sure that you do not lose contact with the caller until you have all of the information you need.

How can you insure this?

Get the caller's telephone number and name.

2. You must start the appropriate vehicles to the appropriate place with the appropriate staff and equipment aboard.

What does this involve for you?

You have to scope the problem and determine its exact geographical location.

3. You must calm the caller and stay cool yourself. If you don't calm the caller you may receive no further information or cooperation.

How do you do it?

You calm the caller by controlling your tone of voice, by what you say and ask, and by how you phrase your communications.

To win his confidence you should take the earliest possible opportunity to tell the caller what has been done to help with his problem, and how soon help can be expected to arrive. Without such assurances that help is on the way, you seriously risk antagonizing the caller by continuing to ask questions. The caller may think, "Why is he asking all these questions instead of sending me help?"

4. In some localities, under certain conditions, you will determine whether the caller needs to, and is competent to, carry out any immediate first-aid measures before the emergency vehicle arrives.

Does this apply locally?

Discuss local expectations.

Content | Instructor Guidelines

SEQUENCE FOR ELICITING INFORMATION FROM CALLERS

In obtaining and recording information about the call, you have to get and record the information in a sequence of some sort. You can't ask everything at once, and you have to ask important things at first. However, "experts" differ on priorities for obtaining information. One recommended sequence is:

1. Caller's perception of the nature of the problem.
2. Time that the call was received (simultaneously with No. 1 above).
3. Phone number of caller.
4. Specific location of patient, including directions for guiding vehicles to the scene.
5. Name of caller.
6. Specifics of the patient's medical condition (i.e., How is patient's breathing? Is the airway clear? Is patient conscious? Bleeding severely? In severe pain?).
7. Are other services needed?

NOTES: Is there a better sequence?

Draw trainees' attention to the four things a dispatcher must accomplish, as listed on page I-D- 2. Ask *"Which of these is it most important to get done first?"*

Discuss an alternate sequence, in terms of how well it lets you get the important things done first. The following is a reasonable (but not recommended) alternate sequence:

1. Specific location of patient, including directions for guiding vehicles to the scene.
2. Caller's perception of the nature of the problem.
3. Specifics of patient's medical condition.
4. Phone number of caller.
5. Are other services needed?
6. Name of caller.
7. Time that the call was received.

I-D-4

Content | Instructor Guidelines

GETTING ADDITIONAL INFORMATION

After a vehicle has been dispatched and the caller is notified that help is on the way, you may want to obtain additional information as follows:

1. Name of patient.
2. Name of patient's doctor.
3. Time and date for which ambulance is requested.
4. Time that the incident occurred (ETI).
5. Is caller alone?

NOTES: Locally recommended sequence.

_____

_____

_____

_____

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_____

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_____

Specify for the students precisely what information should be obtained in what order, to satisfy the goals first stated. The list and sequence of information items that you come up with may be different from any above.

Content	Instructor Guidelines

CALMING THE CALLER

The people calling a dispatcher will sometimes be greatly agitated. Sometimes they will be in pain; sometimes they will have witnessed a violent accident or have seen a gruesome sight. You can detect the excitement in their voices. They will speak quickly or loudly. They may be out of breath. The voice may be higher pitched than normal. They may make irrational demands. They may not listen to reason.

One of the first things you need to do is to calm down the caller. You don't want him to have a heart attack. However you should *not* tell him to "calm down." This will only make him think you don't appreciate the seriousness of the situation. The most effective way to calm a caller is to let him know, by your actions and your tone of voice, that he has reached a calm and competent person who will do the right thing to help.

Here are some things you can do to calm a caller or keep a caller calm.

Discuss some local department (unit) names. Would hearing each name reassure a citizen who needs assistance?

1. When you answer a call, you should identify yourself and your department. Use a department name that the caller will instantly identify as one which deals with emergencies. It does not much matter how your mail is addressed. Instant recognition is the important thing.

2. Let the caller state the problem in his own words, but don't let him ramble. Control the conversation to get all the information you will need in order to decide what sort of assistance is required and where help is needed. Be courteous but firm.

3. Get the vehicles on their way as soon as you can. If this requires asking the party to wait, explain the wait. Letting the phone go dead with no explanation can only make the caller anxious, irritable, and uncooperative. Get back to the caller as soon as you can and briefly explain the measures you have taken. Let him know that help is on the way. Only then should you ask for any additional information you may need.

4. When people speak to us in an agitated manner, we tend to reply in the same way; to speak quickly to speak loudly to speak in a higher pitch. When people tell us about serious injuries, we may be shocked or get emotionally involved. Try to keep the excitement out of your own voice. Listen to yourself. Don't sound apathetic or uncaring. But try to instill confidence and calmness by setting an example with your own tone of transmission.

Emphasize that:

—Speaking quickly
—Speaking loudly
—Speaking in a higher pitch

betray excitement and should be avoided. List these on the chalkboard.

5. If a caller becomes hostile or abusive, do not express hostility yourself. Make allowances for what the caller has been through. Stay cool. The two most important persons in the victim's life at that moment are you and the caller. It does no good for you to be mad at each other. It can only make things worse. Similarly, if the caller starts to argue, don't argue back. It takes time to argue–time you may not have. In addition, your caller may be too excited to listen to reason.

I-D-6

Review Exercises

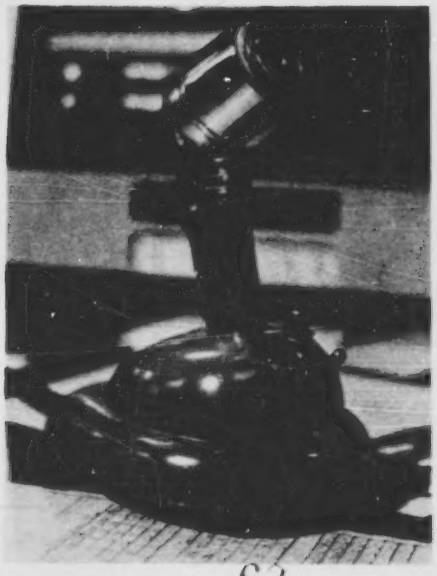
Answers

1. Name at least two of the three ways you, as a dispatcher, might betray excitement in speaking to a caller.

UNIT I-E

Contents

Equipment and Arrangements for Console Practice	I-E-2
Procedure in Console Practice	I-E-3
Procedure in Tape Recorder Practice	I-E-4
Procedure in Forms Practice	I-E-6
Procedure in Information Elicitation Practice	I-E-6



Unit Objectives

By the end of this unit, the trainee:

1. Given a list of information to be recorded, will correctly make the entries for each form or log to be mastered.

2. Will be able to demonstrate achievement of all Basic objectives.

Instructor Preparation

Training Aids

Tape recorder (one for every two students).

Microphone.

Headset.

Console (or large photograph or line drawing of a console).

Local Customization

Be prepared to ask students to operate some of the infrequently used controls.

Handouts/Exercises

Prepare messages for students to transmit to ambulance and base stations during console practice.

Prepare 40 messages, 15 to 60 words in length, to be used in tape recorder practice. Make them typical of the messages that local dispatchers send and receive. Provide enough messages to give each student adequate practice at the console.

Prepare or obtain some correctly filled-out forms of the types locally used. These forms will be read aloud to the students while they make entries, to provide a demonstration of their ability to fill out forms correctly.

Coordination Requirements

Make prior arrangements with two local base stations and two ambulance crews to participate in the console practice, as described on page I-E-2

I-E-2

Equipment and Arrangements for Console Practice

The first part of this practice session will provide practice in equipment operation. In the second part the students will pair off and read messages to each other to improve their pace of transmission, their clarity of speaking, and their accuracy of copying.

The type of equipment used in practice will depend upon local availability of equipment. For some portion of the practice, it would be desirable for trainees to use the kind of console they will be working at after graduation. If that type is unavailable, any console is better than no console. The idea is to provide as close a simulation of actual operating conditions as can be managed at your facility. Each student should make actual transmissions to other base stations and mobile units. The transmissions should be closely scripted, and the word "test" should appear in every message.

Before the day of this practice period, arrangements should be made with at least two local base stations. Ask their participation in this practice on a given date, and tell them how to respond in order to make training most effective. The base stations should be widely separated although within easy range of the transceiver that students will be using. This is so that the two stations would not be as likely to both be busy at the same time.

Also make arrangements with at least two ambulance crews to assist with the training on a given date. (Of course, they will not permit the training to interfere with calls.)

If actual consoles are unavailable for student use, this portion of the practice can proceed if each student can have a large photograph or line drawing of the console during his practice. The trainee can proceed through the exercises by pointing to and naming the controls or display he would operate if he were at the console.

The purpose of having a console, or some representation of a console, is to provide practice in equipment operation. However, less than half of the students' practice time should be spent at a console. It is somewhat more important to develop such skills and knowledges as: Terminology, phraseology, speaking clearly, and being able to copy messages. Working at an actual console would not be an optimal way to develop such skills and knowledges. The rate of practicing would be too slow. Students would be distracted from their learning by problems they may be having in getting the equipment to work properly for them.

The equipment needed for this more intensive practice will be a tape recorder (one for each pair of students). A stereo recorder is preferable because it gives each student his own microphone and headset. A little greater realism is introduced if one set of microphone and headphone has long cords, so that the two trainees in a pair can converse without hearing each other directly.

Procedure in Console Practice

1. Tell the students they will be operating the console today. Ask if they have any questions about console operation.

2. Mention each control and display in turn. For each one mentioned, call on a student and ask him to explain what that control or display does and, generally speaking, how it works.

3. **Review the more important FCC regulations they will have to observe.**

4. Place one student at the console and sit next to him with a radio log in front of you. The trainees have not yet learned to log. The rest of the trainees will stand near and observe.

5. Contact an ambulance by telephone and have them call in a pre-arranged radio test. Instruct the student to answer the call. After the test is complete ask the ambulance to stand by for further test transmissions.

6. Contact a base station by telephone and ask them to call a pre-arranged radio test. After the test is complete ask the base station to stand by for further transmissions.

7. Ask the student to contact a specific base station. Give the student a specific message to transmit.

8. Ask the student to contact an ambulance and to transmit a specific message.

9. Follow steps 4, 5, 6, 7, and 8 with student number 2 and subsequent ones. Arrange for each different student to handle different messages and different problems so that the student will not know exactly what to expect when he sits down.

10. **Ask each student to perform certain operations he hasn't had a chance to perform thus far in the practice. Some examples are the following:**

    a. **Turn off the volume on frequency 12.**
    b. **Press button 7 on the telephone.**
    c. **Time stamp four status tickets, hang two on peg four, one on peg two, and one on peg one.**
    d. **Increase the volume on the headphone receiver selector L to full on.**
    e. **Press button 18 on the transmit selector.**
    f. **Press the select button of St. Mary's Hospital on your intercom panel.**

I-E-4

Procedure in Tape Recorder Practice

1. Pair off the students and assign a tape recorder to each pair. Try to have one member of a pair more experienced than the other, if possible. If the class has students with some dispatching experience, they should be paired off with novices, so that they can pass on some of their knowledge and skills to the naive students.

2. Explain how to operate the tape recorder.

3. In order to get the trainees familiar with the tape recorder and to give them an appreciation for different rates of speech, have the students spend 15 to 30 minutes reading into the tape recorder at different rates of speed. Ask the trainees to read to each other selections from page 115 of their text, the Public Safety Communications Standard Operating Procedure Manual. They should read one paragraph at a time while timing each other. Have them try to read each paragraph at 125 words per minute, and then at 60 words per minute. The following table shows how many seconds each selection should take.

Seconds of Reading Time At:

Paragraph	No. of Words	60 WPM	125 WPM
1	54	54	26
2	61	61	29
3	91	91	44
4	86	86	41
5	97	97	47

4. **In preparation for this course write a set of 40 messages that are typical for the ones your students will encounter. They should be 15 to 60 words in length. They may be messages from ambulance to dispatcher to citizen caller, or any other kinds of messages your dispatchers might encounter. Make your examples typical of the kind of traffic your students will be sending and receiving. Below are some examples. You may use these or make up a totally new set of tranmissions.**

—Tell your husband we're on our way. Stay with him and keep him calm. Get him into a sitting position. Don't let him move around. We'll be there as soon as we can. Ask your daughter to go to the crossing and direct the ambulance when it gets there.

—St. Francis-Mayfair, 3 Bravo 21, Enroute with 40-year-old female. Third-degree burns. Patient in shock. Request medical advice. Go ahead.

—Center City Control, 3 Echo 13. Enroute to auto accident Fourth and Main. Traffic is heavy. Request police escort to State University Hospital. Go ahead.

—We have been advised of a school bus accident on Route 79 near New Castle. Twenty to thirty possible injuries. Advise about availability of beds and personnel. Respond by 1100 hours.

—Memorial Mayfair, 4 Charlie 10. We are inbound your hospital with two patients. Patient 1 has broken right arm and lacerations of the right leg. Patient 2 has possible concussion. ETA your hospital 1620 hours.

—4 ECHO 5, stand by scene 'till ambulance arrives. Ambulance is carrying spare resusitator. When ambulance arrives proceed to St. Cecelia's Hospital via the River Freeway. KQ5876 clear.

—Gotham University Hospital, 5 Oscar 45. We are proceeding to your hospital with auto accident victim. Patient possible diabetic. Going into coma, asking for Dr. Eaton. I spell. E-Echo, T-Tango, O-Oscar, N-November. Patient's name is John Jones. Advise Dr. Eaton ETA your hospital 1845 hours.

5. During practice give twenty transmissions to student A and twenty to student B. Have student A transmit his first transmission at 60 words per minute while student B copies. Student B may use any abbreviations he wishes, so long as he can accurately reproduce the original. Have student B transmit the same message back to A while A checks its accuracy. For the first half of this session permit the copier to ask the sender to repeat any unclear portion of the message or any time the sender appears to be reading faster than 60 words per minute. For the second half, do not permit repeats.

6. This practice session will give you a chance to observe how clearly a student can transmit. You may have to give more attention to the students having difficulty in being understood. If a trainee having difficulty cannot improve with practice, he may have to wash out of the course.

I-E-6

Procedure in Forms Practice

1. **Give trainees one copy of every form they will have to fill out on the job.**
2. Explain in detail how to make each entry. Hand out any sets of instructions for filling out these forms that may already exist.
3. Give trainees additional copies of each form.
4. Provide practice in filling out forms.
5. Provide feedback.

Procedure in Information Elicitation Practice

1. Using the tape recorder equipment, have the trainees pair off again, with one student assuming the role of a dispatcher and the second student acting as a caller.
2. **Give the students a set of situations similar to the ones listed below and ask them to play the assigned roles.**
3. Give the students additional situations and have them exchange roles.
4. Provide feedback.

Sample Situations

—An excited woman reports a three-car collision at Grant and Wood Streets. She doesn't know how many people are injured, but she saw one woman hanging out of an open door, with her head down near the road. She is calling from a booth (694–7773).

—An apparently calm baby sitter is reporting that a three-year-old girl is choking on a piece of fish. The address where this is happening is 1024 Duncan Avenue, which is on the west side of Bellevue. The phone number is 694–1892.

PART II

UNIT II-A

Contents

Introduction	II-A-2
Functions of the EMT Dispatcher	II-A-3
EMT Dispatcher Roles and Responsibilities	II-A-4

Course Objectives

By the end of this unit, the trainee:

1. Will be able to state correctly three primary functions accomplished by the EMT dispatcher.

2. Given a list of responsibilities, will be able to identify items that are *and are not* responsibilities of the EMT dispatcher.

Instructor Preparation

Training Aids

Chalkboard or flipchart.

Local Customization

Be prepared to explain the kind of work the students are being prepared for.

Know local policy on giving emergency medical care advice.

II-A-2

Content | Instructor Guidelines

INTRODUCTION

In the first part of this course (Part I), you learned many of the general skills needed by any public safety dispatcher. In this part of the course (Part II), you will develop some of the specialized dispatching skills that let you apply your EMT training to this job. As an EMT dispatcher you will establish the performance level of the emergency response system. This portion of the training integrates what you already know as an Emergency Medical Technician with what you learned in Part I of this course.

How you take advantage of your combined EMT and dispatcher preparation depends upon how your job will be structured and the local procedures that apply. This has two implications:

1. Your instructor will ask you to write in a lot of locally applicable information.

2. Even after you have completed this training you will need to practice what you have learned on the job before you can be a fully competent EMT dispatcher.

Content	Instructor Guidelines

FUNCTION OF EMT DISPATCHER

The functions of the EMT dispatcher represent those duties of any public-safety dispatcher that cause him to interact with the emergency medical system in this area.

Emphasize that the EMT dispatcher elicits medical information relative to the victim's well being.

The primary functions of an EMT dispatcher are the following:

1. To receive calls for medical assistance from citizens and from public safety units.
2. To decide which resources of the emergency medical system should be brought to bear on each emergency that is handled.
3. To dispatch emergency medical vehicles to the scene of the emergency.
4. To establish telecommunications links between citizens and medical authorities, among elements of the emergency medical system, and among public-safety agencies involved in responding to medical emergencies.

Other aspects of your functions as an EMT dispatcher will depend upon the emergency medical system that has been set up in your state and upon the type of unit within which you will work. If you were working in a regional EMS resource management unit (if you have such a unit) your duties and responsibilities would be quite different from those of a dispatcher in a small town police station.

Let the trainees know what kind of work they are being prepared for.

My local dispatching situation is:

II-A-4

Content	Instructor Guidelines

EMT DISPATCHER ROLES AND RESPONSIBILITIES

To satisfy the functions of an EMT dispatcher, you will have responsibilities which go beyond those of the basic dispatcher. These responsibilities may require you to make critical judgements based on your training as an Emergency Medical Technician and as an EMT dispatcher.

Mention that these responsibilities will be covered in greater detail in later units.

The six major responsibilities you will have are:

1. Eliciting from callers the information which enables you to assess the severity and criticality of injuries.

What kinds of information are useful for determining the severity and criticality of injuries?

—The kinds of trauma present.

—Cause of the trauma.

—Obvious symptoms.

—Patient's complaints.

2. Allocating medical resources.

What factors should be considered?

—Criticality of injury.

—Availability of resources.

—Probable time to reach the scene.

3. Identifying when it is appropriate and necessary for you to convey "first aid" information.

What is local policy?

Mention local restrictions and local practices.

Content	Instructor Guidelines

4. Identifying the situations when persons at the scene should be patched to medical resource personnel.

How do you know when?

—When requested by para-medical personnel.

—When the caller needs advice or information you cannot or should not provide.

5. Advising and directing the response of other agencies (i.e., fire, wrecker service, etc.), when they are required in response to a medical emergency.

What is local policy?

—Explain that first responders may be police or even wrecker services whose actions in extrication, crash management, and first aid influence patient outcome.

6. Directing the ambulance to the hospital most appropriate to the condition of the patient and establishing the communication link between the ambulance and the hospital. This could include a dedicated link for telemetry.

How do you know when the channel is free again?

—The dispatcher assigns a dedicated channel for use between the ambulance or EMT and the hospital or doctor. He is then out of the loop until the channel is no longer required.

II-A-6

Review Exercises

Answers

1. Name three primary functions of the EMT disptacher.

2. The following list of duties may contain some things an EMT dispatcher should *not* do as well as some things he should do. Write "yes" or "no" next to each statement.

   An EMT dispatcher should:

   a. Establish communication links between ambulance and hospital.
   b. Help the vehicles he has dispatched to avoid traffic congestion.
   c. Assess how critical a reported injury is.
   d. Decide how many and what kind of vehicles should respond to a medical emergency.
   e. Diagnose any medical problems that may be reported.

UNIT II-B

Contents

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Course Objectives

By the end of this unit, the trainee will be able to match a list of medical emergencies with the facility best prepared to cope with it, all things equal.

Instructor Preparation

Local Customization

Be prepared to describe and discuss the capabilities and limitations of local medical resources, including both vehicles and medical facilities.

Handouts

At the beginning of this unit, hand out a total listing of available resources in a format similar to the one shown on page II-B-3.

Prepare completed local resource forms for hospitals, medical centers, mobile intensive care units, rescue squads, helicopters, specific medical resource personnel, and ambulances. Make sufficient copies of these forms to distribute to the entire class. At the beginning of the class, distribute *blank* copies of these forms for insertion in the Student Study Guides. The students will take notes as you describe these resources. At the end of the class, distribute completed copies of these forms, so that each student comes away with a common fund of information about resources.

Coordination Requirements

Verify any resource information you are not sure about.

Review Exercises

Be prepared to recommend which facility or facilities in the local dispatch area are best prepared to handle the following medical emergencies, all things equal.

- Burn cases
- Cardiac cases (requiring intensive care)
- Poison victims
- Pediatric emergencies
- Severe abdominal injuries

Content | Instructor Guidelines

LOCAL MEDICAL RESOURCES

To accomplish these responsibilities you must be fully aware of the location, the capabilities, and the status of all medical resources in your area.

What resources are available? Use the table on the next page.

Help the students to develop a listing of major categories of EMS resources.

—Hospitals
—Medical centers
—Mobile care units
—Rescue units
—Specific medical resource personnel
—Ambulance units
  Hospital
  Private
  Police
  Fire
—Others

Distribute to the trainees a listing of local resources similar in format to Table on page II-B-3.

List only those resources which these trainees will be called upon to allocate.

Resource Name	Special Capability	Telephone Nos./Radio Channels/Tone-Coded Squelch Assignment
Hospitals		
Medical Centers		
Mobile Intensive Care Units		
Rescue Squads/ Helicopters		
Specific Medical Resource Personnel		
Ambulances		
Hospital		
Private		
Police		
Fire		

Content

Instructor Guidelines

RESOURCE DETAILS

Now that you have a listing of the medical resources that are locally available, the next step is to develop a closer acquaintance with each one. With your instructor's help you will now expand the resource information you have.

HOSPITALS

A dispatcher needs to know, or have available to him, the following kinds of information about hospitals:

Hospital Name (Identifier)
City/Community
Map Coordinates
Communication Facilities
—Radio Channels
—Telemetry Capability
Emergency Room Description
—Capacity (Treatment Cubicles)
—Staffing (Day/Night)
Specialized Treatment Facilities

Use Figure II-B-1. Your instructor will tell you how to fill in this form and what to enter.

The following page shows the kinds of resource information to be provided about hospitals. The students have one blank copy of this form. Make and distribute additional copies as necessary.

Be prepared to convey as much information about local hospitals as you can reliably determine. Check with hospitals to verify any information you are unsure of. Make certain that what you tell the trainees is correct and up to date.

Impress the students with the importance of keeping resource descriptive information current.

Hospital Identifier (City/Community)	Map Coord.	Communication Facilities	Emerg. Rm. Description	Spec. Treat. Facilities
Burns Memorial (Mayfair)	B-4	Ambulance to hospital 2 Channels Dispatch 6 Channels No tone decode Telemetry hotlines Leased line interhospital intercom Computer display of beds and special facilities	5 Treatment cubicles 1 Staff resident day and night	Burn Center

SAMPLE

FIGURE II-B-1
Practice local hospital resource form.

Content	Instructor Guidelines

MEDICAL CENTERS

Medical centers have different characteristics in different communities. As used here, the term "medical center" refers to a small treatment facility with no beds. Some medical centers will accept no trauma victims. Most are closed at night. However, some have excellent emergency treatment facilities and staff. Such centers can represent the best and closest medical facility available to some victims.

A dispatcher needs to know, or be able to refer to, the following information about medical centers:

Be prepared to provide this information about local medical centers.

- Name
- Community
- Map Coordinates
- Telephone Number/Hotline Links
- Do they routinely accept trauma victims?
- Hours of operation
- Channels available

Use Figure II-B-2.

The following page shows a partially completed form such as the students have. Make and distribute additional copies as necessary.

Medical Center City/Community	Map Coord.	Phone No.	Special Services	Hours
Fortran Medical Cen.	A-2	443-9577	Trauma	8-6
		5 UHF Channels	Burns	On call all night.
		Telemetry Hotline		
		Direct line to Burns Memorial Hospital		

SAMPLE

FIGURE II-B-2
Practice local medical center resource form.

II-B-8

Content	Instructor Guidelines

MOBILE INTENSIVE CARE UNITS

Such units are fairly rare. However, when available, they provide an extremely valuable resource to the emergency medical system.

As an EMT dispatcher, you should know the following about any local mobile intensive care units:

Be prepared to provide this information about local mobile intensive care units.

- Identifier
- Base of Operations
- City/Community
- Map Coordinates
- Phone Number or Radio Channel
- Special Equipment
- Zone of Operation

Use Figure II-B-3.

Identifier Base of Operations	Map Coord.	Phone No. Radio Channel	Special Equipment	Zone of Operation
1-MIC-12	4-C	Transmit and Receive	Telemetry	Mayfair County
Mayfair General Hospital		155.340 Mh_z 155.160 Mh_z	Defibrilator	
			Heart-Lung Machine	

SAMPLE

FIGURE II-B-3
Practice local mobile intensive care unit resource form.

Content	Instructor Guidelines

RESCUE UNITS/HELICOPTERS

Although rescue units are typically associated with fire companies and helicopters with law enforcement departments, they are listed together here for convenience.

As an EMT dispatcher, you need to know:

- Identifier
- Base of Operations
- City/Community
- Map Coordinates
- Phone Number or Radio Channel
- Equipment
- Capabilities and Limitations

Use Figure II-B-4.

Be prepared to convey this information about rescue vehicles and helicopters. If all local rescue vehicles carry the same equipment, the items of equipment need only be listed once. Likewise, if all helicopters are equipped the same, list the equipment once.

When describing the capabilities and limitations of helicopters you should include:
—All-weather capability
—Speed
—Range of operation

Identifier Base of Operations City/Community	Map Coord.	Phone No. Radio Channels	Equipment	Capabilities and Limitations
Rescue 35 W. Winfield Fire Station (W. Winfield)	F-6	345-8661	Extrication eq.	
		4 UHF Channels	10-Ton Porta-Power	
		1 VHF Scanner	Duck Bill Jaw	

SAMPLE

FIGURE II-B-4
Practice local rescue unit/helicopter resource form.

Content | Instructor Guidelines

MEDICAL RESOURCE PERSONNEL

There may be individuals in your community who have unique medical or paramedical capabilities. Some examples are the following:

- Coroner
- Physician specializing in trauma victims
- Citizens with advanced EMT training who can be relied upon to assist with difficult cases in this area
- Disaster coordinator

You as an EMT dispatcher, need to have available the following information about each individual:

- Name
- Telephone Number or Radio Frequency
- Map Coordinates
- Unique Capabilities

Use Figure II-B-5.

Name	Phone No. Radio Frequency	Map Coord.	Unique Capabilities
Fred Dolley, M.D.	666-1700	F-6	Disaster Coordinator
	4 Channel portable CB radio		Hazardous Material Training
	Pager		

SAMPLE

FIGURE II-B-5
Practice local medical resource personnel resource form.

Content | Instructor Guidelines

AMBULANCE UNITS

In most localities, ambulances operate under a wide variety of auspices. Furthermore, the equipment they carry and the training of their attendants may not be standardized. Thus the EMT dispatcher needs to know all he can about the ambulances that could respond to an emergency before he allocates that resource. You should know the following kinds of information about any ambulances you dispatch:

- Identifier
- Base of Operations
- City/Community
- Map Coordinates
- Telephone Number or Radio Frequency
- Attendants On Duty vs. On Call
- Training of Attendants
- Equipment On Board

Use Figure II-B-6.

Be prepared to supply these items of information about all ambulances these students may dispatch. Group together those ambulances that carry essentially the same equipment. Draw special attention to unique capabilities possessed by only a few ambulances. If telemetry gear is rare, indicate which ones have it.

The table on the next page shows an example of some possible entries.

Identifier Base of Operations City/Community	Map Coord.	Phone No. Radio Frequency	Attendants	Special Equipment
3-Frank-22 St. Johns Brookline	2-B	Dispatch (412) 364-0840 Receive 155.340 Mh_z 155.460 Mh_z 155.160 Mh_z 10-Channel UHF 8-Channel portable VHF + T/R 155.340 Mh_z 155.160 Mh_z	Attendants on duty 2 EMT Basic 2 EMT Paramedic	Telemetry Defibrillator Hurst Entrance Tool Baby Incubator

SAMPLE

FIGURE II-B-6
Practice local ambulance unit resource form.

II-B-16

Review Exercises

Answers

1. Within your dispatch area, what facility (or facilities) is best prepared to handle the following kinds of medical emergencies, all things equal?

   Burn cases
   Cardiac cases (requiring intensive care)
   Victims of poisoning
   Pediatric emergencies
   Severe abdominal injuries

UNIT II-C

Contents

Introduction	II-C-2
Priorities	II-C-3
Allocation	II-C-5

Unit Objectives

By the end of this unit, the trainee:

1. Given a list of dispatch situations, will be able to determine the appropriate resources to be allocated by considering such factors as the following:

   a. The nature of the problem.
   b. The personnel and vehicles available.
   c. The proximity of vehicles to the patient.
   d. Ambulance zones of coverage.
   e. Type of trained personnel and type of equipment carried by various mobile units.
   f. Caller's assessment of needs.

2. Given a set of emergency situations, will be able to state for each situation whether lights and siren are advisable in traveling to the scene.

3. Given a set of patient conditions, will be able to assign appropriate priority level to each condition.

Instructor Preparation

Local Customization

Review the classification scheme on page II-C-3 and consider what injury types should be added or deleted. Consider the criteria used for classification.

Be familiar with local policy on the use of lights and siren. Does the dispatcher suggest what kind of run should be made to the scene (e.g., code one, code three)?

Review Exercises

For use in the review exercises, prepare five situations that describe emergency conditions with different degrees of criticality (priority). The student will be asked to state for each situation whether lights and siren are advisable in traveling to the scene.

Content | Instructor Guidelines

INTRODUCTION

Page II-A-3 of this guide tells you that a dispatcher:

Receives requests for help.
Scopes the problem (enough to choose a course of action).
Decides upon and dispatches the appropriate emergency vehicles (resources).

When someone asks for help you have to determine what kind of help is needed. The type of emergency determines the type of resource to be allocated.

Emergency ⟶ Resource Requirement

You have learned in your previous EMT training the types of action (and, therefore, the types of personnel and equipment) that various emergency medical problems call for. If a person is having a coronary attack, for example, you know what equipment and what sort of trained personnel are needed.

The type of emergency also determines the urgency of the situation.

Emergency ⟶ Resource Requirement
Emergency ⟶ Urgency

The urgency is jointly determined by the life-threatening nature of the incident and the benefit to be derived from medical or paramedical assistance. The victim of an obvious mortal wound has maximum threat to life but minimum benefit to be derived from assistance. As you will see, this is classed as a low-priority injury. This is an extreme example to illustrate the point that some life-threatening emergencies are less than top priority—where five or ten additional minutes of response time will have no consequences (e.g., spinal cord injuries).

Point out the dangers inherent in taking a caller's word about "obvious mortal wounds" and "obvious death." The dispatcher must consider the probable reliability of the caller, and adopt the most conservative course of action (i.e., send help quickly if there are any doubts).

Content	Instructor Guidelines

PRIORITIES

One way to express the urgency of a situation is to assign priorities to classes of injury.

Below is a common classification of injuries:

High Priority Injuries

Airway and breathing difficulties
Cardiac arrest
Uncontrolled bleeding
Severe head injuries
Open chest or abdominal wounds
Severe medical problems (e.g., coronary)
Severe shock

Any others?

Have students add to or delete from these lists of priorities.

Discuss the reasons why injuries are grouped as they are.

Second Priority Injuries

Burns
Major multiple fractures
Back injuries with or without spinal cord damage

Any others?

Content	Instructor Guidelines

Low Priority Injuries

Minor fractures
Other minor injuries
Obvious mortal wounds
Obvious death

Any others?

In addition to its importance for resource allocation, priority classification of injuries is also useful in deciding when to call for lights and siren. Local policy holds, but low-priority injuries usually call for a "silent run."

Explain local policy.

It is important to assign injuries to categories correctly. Do you think this alters the sequence (presented in Unit I-D) in which you should elicit information from callers?

Probably not. However, make the point that the problem must be well enough defined as soon as possible, for the dispatcher to be able to decide what help to send. If the caller does not provide enough information, further probing is required to determine the necessary resources.

Content | Instructor Guidelines

ALLOCATION

The inputs to the allocation process are the following facts:

Ask trainees if they recall the materials covered earlier. Review if necessary.

—Capabilities and limitations of local resources. You learned about this in Unit II-B.

—Availability status of local resources. Part I of the course covered ways of keeping track of their status.

—Type of medical emergency. You elicit this information from the caller and classify the injury as to priority, as shown on page II-C-3 and II-C-4.

To illustrate the difference between proximity and reaction time, discuss the two-way reaction time of helicopters versus ambulances.

—Location of local resources in relation to the site of the incident (proximity). You learned some things about resource location in the previous unit. You will learn more on the job.

In some cases, the vehicle that can get the patient to the hospital fastest is the preferred one. In other cases, you would choose the one that can reach the scene most quickly.

—Reaction time. This is partly determined by proximity and partly by other factors, such as:

—Accessibility of the emergency site.
—Speed capabilities of vehicles.
—Personnel availability.

Monitoring of local base stations and mobile units also helps you be aware of resource availability.

A better feeling for reaction time capability of your resources comes from experience.

—Accessibility of victims. The caller will usually mention lack of accessibility.
—Ambulance zones of coverage. You learned about this in Unit II-B.

How can you now use this information to decide what to do? You followthese nine principles:

1. Know the status of your resources. You can't dispatch from a place that is "empty." You can't send patients to a place that is "full."

Explain how to keep your status information current. In large cities you may have to contact other agencies to get the status of their resources. Status information also comes from monitoring.

9

NOTES:

Content	Instructor Guidelines
2. Send the closest available unit that "fits the bill." Even with second and low-priority injuries, time is important. No caller wants to wait long for help.	If the closest resource is not adequate, consider the next closest one.
NOTES:	
3. The other side of No. 2 above is: Make sure you send enough. To allocate resources that can't handle the job is worse than useless. It wastes precious time.	Explain that this principle refers not only to the number of vehicles sent, but also to the adequacy of their equipment and personnel.
NOTES:	
4. High-priority emergencies heighten the importance of proximity and reaction time.	Get someone competent to the scene of a high-priority injury as quickly as possible.
NOTES:	
5. For medical emergencies beyond the capabilities of ambulance attendants, place more emphasis on the total probable time to get the victim to a physician or hospital.	When a patient can be helped only in a hospital, the time between dispatch and arrival at the hospital is most important.
NOTES:	

Content	Instructor Guidelines
6. Accessibility of the victims may determine the resource you allocate. *NOTES:*	—A victim trapped in wreckage or on a high-tension wire tower may require a rescue unit. —A victim in the midst of a large traffic jam or on a mountain top may require a helicopter. —A victim on an offshore island may need a boat.
7. If in doubt, send it out. *NOTES:*	If there is any indication that an ambulance is needed, it is prudent to dispatch one.
8. Consider using multiple resources and citizen resources. *NOTES:*	—In many communities an officer and an ambulance are sent to most accidents. —In some situations a relative, friend, neighbor, or bystander can get the victim to medical attention faster than any ambulance. —A citizen could leave for the hospital with a victim and rendezvous with an ambulance.
9. Respect ambulance zones of coverage, but not at the expense of the victims. *NOTES:*	Principle No. 2 supercedes ambulance zones of coverage.

II-C-8

Review Exercises | Answers

1. Using the list of dispatch situations your instructor will provide, indicate for each situation the resources you would allocate (dispatch) to the scene.

2. For each of the situations your instructor will give you, indicate whether lights and siren are advisable in traveling to the scene. (This question is applicable only if dispatchers are permitted by local policy to advise emergency vehicle operators about the use of lights and siren.)

3. For each of the patient conditions listed below, indicate the appropriate priority level (high, second, low).

Severe burns _____	Severe head injuries _____
Obvious death _____	Open abdominal wound _____
Back injuries _____	Major multiple fractures _____

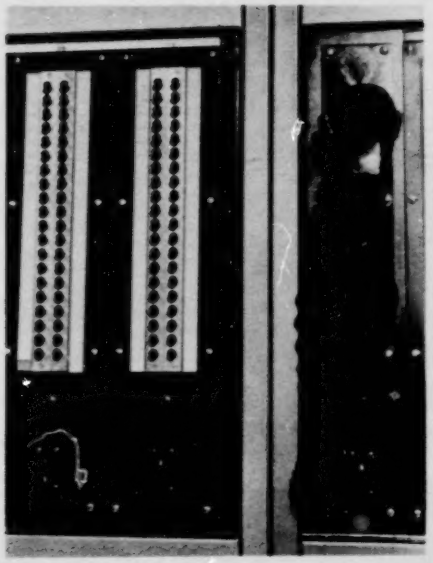
UNIT II-D

Contents

Should You Provide Emergency
Care Instructions? II-D-2

Questions to Resolve Before Providing
Emergency Care Instructions II-D-4

Medical Instructions Check Lists II-D-6



Unit Objectives

By the end of this unit, the trainee, given a set of situations, will be able to decide for each situation what level of medical direction he should provide in a given situation. The factors to be considered will include:

a. How soon is an emergency vehicle likely to arrive?

b. Is the emergency a life-threatening one in which prompt action can alleviate the situation? What are the likely consequences if nothing is done before help arrives?

c. How competent is the caller to administer the needed care?

d. What possible ways could the victim's condition be aggravated?

Instructor Preparation

Training Aids

Chalkboard or flipchart.

Local Customization

Be prepared to discuss the following questions:

What is local policy concerning when a caller should be placed in contact with a physician?

What are the legal risks associated with providing first-aid advice or instructions over the phone?

What "Good Samaritan" laws apply in your community?

Make up a check list for each of the types of medical emergency for which the dispatcher is permitted to advise first-aid measures. Each check list should enable the dispatcher to discriminate among different sets of instructions to be provided. First consider "what kinds of advice can the dispatcher give?" Then consider "what determines the words of advice you should use?" Don't forget to consider "how can the caller do something wrong or aggravate the injury?" and "how can the dispatcher preclude mistakes (by giving precautions)?"

Review Exercises

Prepare five emergency situations, four of which would call for the dispatcher to provide emergency care instructions to the caller. The fifth situation should be one in which there is adequate time to get the victim to a hospital. It is not a life-threatening situation.

Content | Instructor Guidelines

SHOULD YOU PROVIDE EMERGENCY CARE INSTRUCTIONS?

Although this is a tough question, in discussing the kind of training that nine-one-one answering center personnel should receive, the Office of Telecommunications Policy has said:

> "In addition it may be desirable to train nine-one-one personnel in first aid or other survival techniques. It is not at all unusual for a person with a medical emergency to require help immediately. An operator who can instruct a caller to administer mouth-to-mouth resuscitation or remove an obstruction from the throat may be able to save a life that might have been lost by the time an ambulance could arrive." (Nine-One-One, The Emergency Telephone Number, Handbook for Community Planning, p. 41.)

Different localities have different policies with respect to the question of whether a dispatcher (even one with paramedical training) should be permitted to give advice to callers about first aid or other survival techniques. This policy often depends upon how easily and quickly a trauma specialist can be reached. One aim of an emergency medical system is to bring the victim of a true medical emergency under the care of a physician at the earliest possible moment. Under *ideal* conditions, a dispatcher who detects that a caller needs immediate medical advice can make a patch connection with a physician experienced in handling trauma victims. At present, however, this ideal is far from a reality in most communities. This means that, *if lives are to be saved that otherwise may be lost, you, a dispatcher with EMT Ambulance training, will occasionally have to provide emergency care instructions to callers*. When the situation arises, you must be prepared to make the right decision and to provide the appropriate unambiguous directions.

Discuss local practices with respect to patching.

Content	Instructor Guidelines
When do you patch calls?	**Discuss**
What are the legal risks?	**Discuss**
"Good Samaritan" protection?	**Emphasize that the legal position as a dispatcher is somewhat different from that of a paramedic administering aid himself. Rendering first aid is quite different from telling an untrained layman how to do it.**
Consider: Is it more important to get help on its way or to provide medical emergency care instructions?	If local policy permits rendering first-aid advice, each situation must be considered very carefully before giving the advice the caller needs or asks for. Furthermore, the dispatcher's *primary function is to dispatch.* Only after assistance has been dispatched and the caller has been informed that help is on the way, should the dispatcher consider whether it is appropriate to give advice about medical care procedures in this individual case.

Content	Instructor Guidelines

QUESTIONS TO RESOLVE BEFORE PROVIDING EMERGENCY CARE INSTRUCTIONS

1. How soon is an emergency vehicle likely to arrive?

Proximity, reaction time.

NOTES:

2. What are the likely consequences if nothing is done before help arrives?

Questions 1 and 2 are the most crucial questions.

NOTES:

3. Is the caller willing and able to administer the necessary first aid?

A layman who reports a traffic accident, for example, often knows little about the nature and severity of any injuries. He may be emotionally shocked himself by having witnessed or participated in the accident. He may refuse to get involved with injured victims, and express hostility if a dispatcher suggests some measures he should take. The caller is sometimes too young or immature to be effective.

NOTES:

Content	Instructor Guidelines

4. How likely is this caller to aggravate the victim's condition when attempting to carry out instructions?

NOTES:

In rare cases you may decide that the medical situation is such that it would be easy to aggravate the victim's condition by a layman's attempting to administer first aid.

5. Is the condition such that first aid is possible *and* useful?

NOTES:

CONSIDER: *What happens if a citizen asks for advice?*

If the caller asks for advice that you feel competent to give, and if you judge that no harm could result, you should respond, even when the situation is not a life-threatening one. However, if you are not certain of your answer to an important medical question, you should contact a physician and arrange for direct communication between caller and physician.

Content	Instructor Guidelines

MEDICAL INSTRUCTIONS CHECKLISTS

When you decide to provide medical instructions, it is important to cover the procedure clearly and completely. It is easy to forget the details of things you don't do very often. It is also easy to forget things when you are under stress and pressure. The best way to make sure you don't leave out part of a procedure is to make up and use a checklist. On the next few pages, your class and your instructor will develop a model checklist for each of several critical medical emergencies.

The emergencies are:

a. Severe Shock

b. Cardiac Arrest

c. Airway Obstruction and Breathing Difficulty

d. Uncontrolled Bleeding

e. Other

Make up a checklist with the students for providing telephone instructions for treating each of the listed conditions. Take suggestions for what the check list should include and write them on the chalk board.

Be sure to emphasize:

—EMTs should *use* these checklists since, without constant practice they may *forget* the process and leave out a critical step.

—Dispatchers should include all precautions a layman must observe. Have students try to think of what could go wrong when citizens try to follow the instructions.

Content	Instructor Guidelines
a. *Severe Shock*	**Some possible topics for the checklist are:** —Precautions (e.g., treatment depends upon injuries present). —Prevent exertion. Have injured person lie down. —Elevate feet and legs unless: Head or chest injury Heart attack symptoms Breathing difficulty —Keep victim warm and comfortable. —Provide small amounts of water every 15 minutes unless: Unconscious Nauseous or vomiting —Reassure.
b. *Cardiac Arrest*	—Precautions —Importance of diagnosis —Elevate head and shoulders —Keep warm —Keep immobile —Is patients' doctor-prescribed medicine available?

Content	Instructor Guidelines
c. Airway Obstruction and Breathing Difficulty	**Some possible topics for the checklist are the following:** —Precautions —Look for blockage —Artificial respiration Mouth-to-mouth Mouth-to-nose —Heimlich Maneuver
d. Uncontrolled Bleeding	—Precautions —Types of bleeding Capillary oozing Venous bleeding Arterial bleeding —Control of bleeding Direct pressure Pressure points Tourniquet (last resort) —Possible materials for dressing, pad, or bandage —Elevate injured part —Treat for shock

Content	Instructor Guidelines
e. *Other*	**May include such conditions as:** —Stroke, apoplexy —Hypoglycemia —Hyperglycemia —Poison Caustics Depressants Stimulants —Asphyxiation —Convulsive states —Hyperthermia —Hypothermia **Local policy will dictate which conditions may call for advice to be provided over the phone.**

II-D-10

Review Exercises

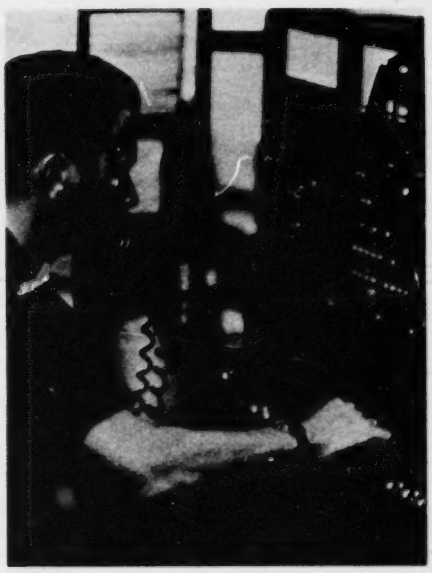
Answers

1. Using the list of emergency situations your instructor will give you, indicate for each situation whether you would provide emergency care instructions and, if so, how much you would say. You may use the checklists developed in class when answering.

UNIT II-E

Contents

Procedure in Resource Location Practice	II-E-2
Example Problems in Resource Location	II-E-2
Procedure In Priority Assignment Practice	II-E-3
Example Problems in Priority Assignment	II-E-3
Procedure in Providing Emergency Care Instructions	II-E-4
Example Problems in Providing Emergency Care Instructions	II-E-5



Unit Objectives

By the end of this unit, the trainee will be able to accomplish all of the objectives for the EMT specialist units A through D to an acceptable level of proficiency.

Instructor Preparation

Exercises/Handouts

Prepare 20 example problems in resource location, similar to those on page II-E-2. The problems specify a caller's perception of a medical emergency plus the location where the trauma is occurring. In a few of the examples, the medical problem and condition of the victim will be unknown or ill defined. In all cases, the location of the emergency will be a real place.

Prepare 20 situation descriptions which will provide practice in priority assignment, similar to those on page II-E-3. Below each description, ask these questions:

—Do you have enough information to assign priority?
—If not, what more would you want to know?
—How would you classify this situation with only this information?

Prepare 20 example problems, similar to those on page II-E-4 and II-E-5, for use in practice in providing emergency care instructions. Devise some questions for each problem. The questions should probe the trainees' understanding of when to give advice and what sort of instruction should be provided.

Procedure in Resource Location Practice

1. **Prepare 20 example problems ahead of time. The examples should be similar to the ones listed at the end of this discussion. The problems specify a caller's perception of an emergency medical problem plus the location where the trauma is occurring. In a few of the examples, the medical problem and condition of the victim will be unknown or ill defined. In all cases, the location of the emergency will be a real local place.**
2. **Provide the students with maps, books, and alphabetical street files.**
3. Make sure the students have the resource information developed in Unit II-B.
4. Distribute copies of the example problems.
5. Ask the student to write, for each problem, the specific resource he would dispatch to the scene, if available.
6. When all students have responded to all problems, discuss the problems one at a time. Call on each student, in turn to give his answer and why he answered as he did.

Example Problems in Resource Location

1. Collision at the corner of Main and Wayne in Selma.

   Victim 1: Contusions, abrasions, and minor lacerations.
   Victim 2: Broken left leg.

2. Collision two miles north of New Castle on I-22. Probable injuries, but caller does not know the extent.
3. Painter high up on the Braddock bridge is having a heart attack.
4. Car has hit a power pole in front of the Anderson Asphalt Plant in Mesa Flats. Driver is apparently unconscious. Bystanders afraid to approach because the wires are touching the car and making sparks.

Procedure in Priority Assignment Practice

1. **Prepare in advance 20 situation descriptions which mention medical emergencies that can easily be slotted into one of the categories defined in Unit II-C. Include some situations in which the dispatcher should be cautious about jumping to conclusions or believing the caller's interpretation of a condition. Use situations drawn from your own dispatching experience. Some examples are provided below.**

2. **Make sure each student has a copy of the priority classification scheme, as refined in Unit II-C.**

3. **Distribute the set of 20 situation descriptions. Ask each student to answer three questions about each situation description. Have them write their answers. The questions are:**

   a. **Do you have enough information to assign priority?**
   b. **If not, what more would you want to know?**
   c. **How would you classify this situation if you could know nothing more.**

4. **When all students have responded, discuss each example and reach concensus on the priorities involved. Ask them to compare their own answers with the concensus answer.**

Example Problems in Priority Assignment

1. An eight-year-old boy calls and says his Grandpa is sitting in his rocker but won't talk to him and doesn't seem to be breathing. They are alone.

2. A State Policeman reports an automobile accident with the following injuries:

   Victim 1: Broken left leg and possible fratured pelvis.
   Victim 2: Severely lacerated left arm with uncontrolled bleeding.

3. A man calling from a restaurant reports an accident on the highway with possible injuries. He is not sure about the injuries; it just happened a few minutes ago.

4. A factory fire in your area is reported. Two workers have been badly burned.

5. A passer-by reports a minor collision, but the driver of one of the cars is complaining of a sensation of pressure and pain in the chest.

II-E-4

Procedure for Practice in Providing Emergency Care Instructions

1. **Prepare ahead of time 20 example problems similar to those listed at the end of this discussion. The examples set up a situation in which a caller reports a medical emergency which may be serious and may be a situation in which the dispatcher should offer advice or instructions in order to save a life. Make sure your examples cover airway blockage, uncontrolled bleeding, severe shock, and heart attack, in addition to other medical emergencies.**

2. Have one problem per sheet of paper. Make sufficient copies for the total class.

3. Distribute copies of the first problem and give the class five minutes to write an answer. Make it clear to the students that two important assumptions are made with each problem.

   a. An emergency vehicle has been dispatched, and
   b. Patching the caller to a physician or trauma nurse is not presently possible.

4. Call on each student, in turn, to give his answer.

5. Discuss the class performance on that problem briefly.

6. Distribute copies of the second problem. Give the class a chance to write their answers. Call on the students. Discuss the answers.

7. Continue the process until you feel that the class understands how to decide when to give advice and what sort of advice should be given.

Example Problems in Providing Emergency Care Instructions

Caller reports that his wife has accidently stuck a pointed knife into her forearm. Bleeding is uncontrolled. Ambulance will not arrive for about 15 minutes.

> Would you ask further questions? What would you ask? Would you advise husband how to control the bleeding? What would you advise?

Auto has skidded into a telephone pole sideways on the passenger side. No passengers. Driver has crawled out of the car and is sitting on the curb. He is sweating and says he feels nauseous. Help will probably arrive in 10 minutes.

> Would you give the caller any instructions? What would you say? Would you ask any questions? What?

A hysterical father reports that his one-year-old daughter has a piece of food stuck in her throat. She is struggling to breath. A policeman will be there in 5 minutes. An ambulance will arrive in 10 minutes.

> Would you give the caller any instructions? Would you ask any questions? What would you ask? What would you advise?

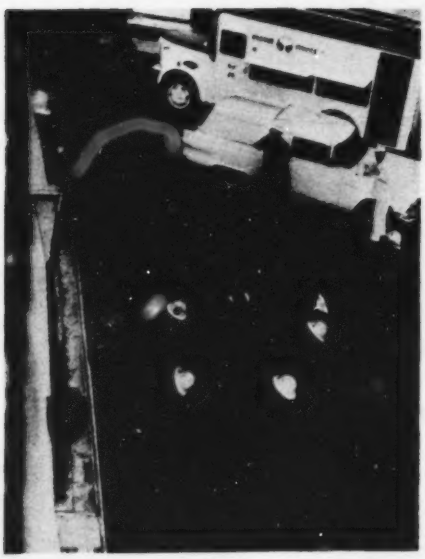
A five-year-old girl calls and reports that her uncle asked her to call and say he is having a heart attack. They are alone.

> Would you instruct the caller. Would you question the caller? What would you say or ask?

UNIT II-F

Contents

The National Civil Defense Organization II-F-2



Unit Objectives

By the end of this unit, the trainee will be able to describe the dispatcher's Civil Defense role in the local community.

Instructor Preparation

Coordination Requirements

Contact the state Civil Defense Office or the local Civil Defense Coordinator and request guidance concerning the role of public-safety and EMT dispatchers in civil defense emergencies and disasters. It would be highly desirable if they could provide an authoritative guest lecturer to discuss these topics with your class for about an hour.

Content	Instructor Guidelines

THE NATIONAL CIVIL DEFENSE ORGANIZATION

The National Civil Defense Organization operates under the Secretary of the Army. The national Civil Defense structure is divided into regions, each of which serves a number of states. Each state has an Office or Department of Civil Defense established by state legislation or administrative order. The state Civil Defense offices have a master plan of survival that is complementary to the plan for the region on the national level, and to the state subdivision plans on the local level. Public safety communications are a vital component of every state Civil Defense effort, especially to the extent that they furnish a back-up service to the normal means of communication. They are also a vital part of any plan for handling natural or man-made disasters.

NOTE: This topic could be well covered by a guest lecturer from the State Civil Defense Office.

Local disaster procedures:

Civil Defense Plan:

Nature and scope?

_____

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When does it go into effect?

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General communications requirements?

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_____

_____

EMS requirements?

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Present content provided by your local Civil Defense Coordinator.

—Civil Defense Plan

—Disaster plans
- Local
- Regional
- State
- Federal

—EMS Communications requirements

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